

Minor Release Form

All persons under the age of 19 are required to have a parent or guardian fill out this form.

By signing below, you agree that you are the parent or legal guardian of the minor receiving treatment(s). You will also be required, if needed, to assist the minor in preparing for his/her treatment(s). We may also request that you remain in the treatment room to supervise all interactions between the practitioner and the minor.

You also agree that you have completed the New Client Health Questionnaire & Consent Form and have informed the practitioner of all medical diagnoses, symptoms, medications, and complaints associated with the minor receiving treatment(s).

PLEASE PRINT CLEARLY:

I _____, certify that I am the parent or legal guardian of _____, who is _____ years of age as of today. I have completed the New Client Health Questionnaire & Consent Form for the above-mentioned minor and informed the practitioner of all relevant medical history and concerns. I understand all treatments are for relaxation purposes & stress relief purposes only and are not meant to diagnose, treat, or cure any specific conditions and is not a replacement for standard medical care. I give permission for my minor child to receive treatment(s) and agree to all the above terms.

Print Name _____

Signature _____

Date _____