



MINOR INTAKE CONSENT

CORE VITAL MASSAGE THERAPY & WELLNESS

	CLIENT (MINOR) NAME	CLIENT (MINOR) DATE OF BIRTH
	PARENT / GUARDIAN NAME (PLEASE PRINT)	TODAY'S DATE
	<p>BY SIGNING BELOW, I HEREBY AUTHORIZE:</p> <p>Core Vital Massage Therapy & Wellness and its certified massage therapy staff to administer massage therapy as deemed necessary to my son/daughter who is listed above. I also approve of any future treatment sessions. I understand, that as the parent or guardian, I have the option to remain in the room during the session or to enter at will during the session, provided I knock quietly before doing so.</p>	
	PARENT / GUARDIAN SIGNATURE	DATE