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Hyannis, MA 02601
508-694-6598
Kim@HealingTouchofCapeCod.com
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Minor Consent to Treat Form for Massage Therapy

I, _____, am the parent of _____

And I give said minor child listed above, my full consent to receive massage therapy treatments from Professional Massage Therapist Kim Fernandes at Healing Touch of Cape Cod. I understand, that I am financially responsible for all massage therapy treatments received at Healing Touch of Cape Cod by said minor listed above. I also, understand, that I must schedule all appointments on behalf of said minor child listed above in order for him or her to receive any massage treatments at Healing Touch of Cape Cod. I grant said minor child listed above permission to receive massage treatments at Healing Touch of Cape Cod with or without my being present.

Parent Signature: _____/Date:_____