Consent to Treat Minor Child Form

Date ____/____/_____

I hereby authorize Angela Zarek of AMZ Clinical Massage, to administer massage therapy, bodywork, or body treatments to include Cupping, Gau- Sha or Knesio- Taping to my child or dependent. I intend this consent form to cover the entire course of treatment for this child's present condition. I further intend this consent for any future condition(s) for which I seek treatment for this child.

ALTHOUGH THE LAW DOES NOT STATE IT, I ALSO UNDERSTAND THAT I AM ENCOURAGED TO REMAIN IN THE TREATMENT ROOM DURING SAID MINOR'S SESSION.

Full Name of child

Printed Name of Parent or Guardian

Signature of Parent or Guardian

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Relationship to child