



Minor Client Permission Slip

I give permission for
therapeutic massage.

to be seen as a client at Soma Massage Therapy for the purposes of

Please check one:

This permission is valid until the child turns 17 years of age

This permission is valid until this date

Please check one:

I give permission for any therapist at Soma Massage Therapy to see this child for massage

I only give permission to a specific therapist/therapists to work with this child:

I understand that a parent or legal guardian must stay at Soma Massage Therapy for the duration of this child's massage.

Signature of Parent or Guardian

Signature of Child

Date