

MINOR INFORMED CONSENT FORM

ATHLETIC EDGE, 107 Main Street, Los Altos, CA 94022  
(650) 815-6552 / www.athleticedge.biz

**Minor Informed Consent**

I \_\_\_\_\_ hereby give permission (and until further notice) to \_\_\_\_\_ to provide my minor child/person under my guardianship with therapeutic massage services as deemed appropriate to treat presenting conditions/injuries. I understand that I am financially responsible for the minor, and that all statements contained in this consent apply equally to myself and to the minor.

Signed \_\_\_\_\_  
*Parent/Guardian*

Date \_\_\_\_\_

My child/charge has my permission to appear for treatment without me present and I further understand that I must make the appointments.

Signed \_\_\_\_\_  
*Parent/Guardian*

Date \_\_\_\_\_