

Essential Care Massage
Lic# MM10857
P O Box 621629
Oviedo Florida 32762-1629
(407) 359-7733

Parent/Guardian Consent for Massage Therapy:

I, _____, am the parent or legal guardian of
Parent or Guardian Name
_____. I authorize my child to receive
Name of Minor
Massage Therapy from Susan Eveland, LMT for the purposes listed here:

(example: relaxation, muscle spasms, soft tissue injury and pain, etc.)

I understand that Massage Therapy is not intended to be, or replace, medical advice or medical treatment, and that I should consult with my child's primary care provider if I have any concern or questions about the appropriateness of massage.

Signature of Parent/Guardian

Date