



SoulFire Healing Arts

One spark, igniting one passion, can light the world.

Minor Consent and Release Form for Massage Therapy

All persons under the age of 18 seeking treatment are required to have a parent or guardian fill out this form unless proof of emancipation is provided.

Please print clearly and do not sign this form until you are in the presence of your therapist.

Policies for Treatment of a Minor:

1. Minors are permitted to receive massage therapy treatments provided that either:
 - a. A parent or guardian has provided written consent for treatment, in clinic, via this form OR
 - b. The minor has provided proof of emancipation to be attached to this form AND the minor is 16 years of age or older.
2. It is the responsibility of the parent or legal guardian to inform the therapist of all medical diagnoses, symptoms, medications and complaints associated with the minor receiving treatment. This includes assisting the minor in completing the initial intake form and providing updates, whether written or verbal, in cases of ongoing treatments.
3. For minors under 15 years of age, the parent or legal guardian must remain present on premises for the duration of the treatment session either:
 - a. In the treatment room OR
 - b. Within the clinic with the treatment room door fully ajar.

It is the responsibility of the parent or legal guardian to supervise all interactions between the therapist and the minor under 15 years of age.

4. For minors aged 15-17, with agreement and consent from the minor, therapist and parent or legal guardian, the parent or legal guardian may choose to leave the premises during the session provided they remain reachable by telephone or text. In the event that a telephone call or text is necessary and the parent or guardian does not respond within 10 minutes, any future sessions for the minor will require the parent or legal guardian to remain on premises.
5. The parent or legal guardian is responsible for assisting the minor in preparing for his or her treatment. This may include, but is not limited to, appropriate conversations around expectations for a treatment session, assistance in dressing/undressing, and assistance in getting on/off the treatment table or chair.

6. The scheduling, rescheduling or cancellation of appointments for the minor may only be done by the parent or legal guardian. A minor may not schedule, reschedule or cancel their own appointments.
7. The parent or legal guardian will be financially responsible for treatments provided to the minor.

I, _____, certify that I am the parent or legal guardian of _____, who is _____ years of age as of today. I have read and agree to the above policies for the treatment of minors. I have reviewed the completed intake form for the above-mentioned minor and it is complete and accurate to the best of my knowledge at this time. I understand the scope of massage therapy and that it is not meant to diagnose, treat or cure any conditions and is not a replacement for standard medical care. I give permission for my above-mentioned minor child to receive treatment(s) from Danielle DeBlois of SoulFire Healing Arts. I understand that my permission for treatment of the above-mentioned minor is granted for one calendar year and may be rescinded by physical or electronic written request.

Printed Name: _____

Signature: _____

Effective Date: _____