Neuromuscular Studio
Certified Neuromuscular and Medical Massage Therapy

Consent to Treat a Minor

I, _____, parent or guardian of _____, date of birth _____, consent to have the therapists at The Neuromuscular Studio, LLC to treat my child who is a minor of at least 12 years of age. Should the minor not be able to understand, consent, or tolerate treatment, the session will be discontinued with full session fee due.

[For 12-15 year old minors ONLY]

____ (initial) I give permission for my minor to be treated by a Studio therapist. I understand that I must be present and in the treatment room for their first session at the Studio. For every session after, staying in the treatment room is optional according to minor's wishes, however I MUST stay on Studio premises for the entire session.

[For 16-17 year old minors ONLY]

____ (initial) I give permission for my 16-17 year old minor to be treated without my presence IF they are driving themselves to their appointment. I understand that I must be present and in the treatment room for their first session at the Studio.

(Check all that apply)
My minor may be treated by:
__ A female therapist
__ A Male therapist
__ Any Studio therapist
__ A specific therapist only (name) _____
_____ (Parent's initials)

This signed consent form is needed in addition to the signed client intake form and liability waiver form that is required for receiving services at The Neuromuscular Studio, LLC. We reserve the right to request parents to sit in on all sessions if its in the best interest of the minor being treated.

_____ _____
Parent/Guardian Signature Date

430 W. Warner Rd. #110 Tempe, AZ 85284 480.967.7345 - office 480.967.7348 - fax