

Vital Harmony Therapeutic Massage

Michelle S Krause LMT

Severna Park, MD 21146

MD Lic#MO3767

Minor Release Form

All persons under the age of 18 years old are required to have a parent or guardian fill out this form.

By signing this form, you are agreeing that you are the parent or legal guardian of the minor receiving treatment(s) at our facility. You understand that you are to remain at the facility for the entirety of the minors treatment. You also understand that you may also be required to assist the minor in preparing for his/her treatment(s). You may also be requested to remain in the treatment room to supervise all interactions between the therapist and the minor.

You also agree and have completed the intake form and notified the therapist of all medical diagnosis, medications, symptoms and complaints associated with the minor receiving treatment(s).

Please print clearly

I certify that I, _____ am the parent or legal guardian of _____ who is _____ years of age, as of today. I have completed the intake form of the mentioned minor above and have informed the therapist of all relevant medical history and concerns. I understand that massage therapy and that it is not meant to diagnose, treat or cure any condition and is not a replacement for standard medical care. I give my permission for my child to receive treatment(s) at this facility and agree to all the terms above.

Print	Signature	Date
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Witness Print	Signature	Date
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