Jana Moon LMT, CST

CranioSacral Techniques Certified Therapist Licensed Massage Therapist MT038189 1400 W. Northwest Hwy, Grapevine, TX 76051 682-667-9641 www.moonhealingarts.com

Parental Consent Form for Body Therapy for a Minor

Parent's Telephone:

Parent's Name:

Client's (minor's) Name:			
		Please read carefully and sign below. These statemed I understand that:	ents are required by the State of Texas:
 The therapist neither makes diagnosis nor treats illness or disease, or performs any spinal/skeletal manipulations and does not prescribe medications. The child will be covered with sheets or towels as appropriate for the treatment and only the areas that are treated will be uncovered during the treatment (this applies to Massage Therapy only, CranioSacral Therapy and Reiki, do not require disrobing). If at any time during the session my child feels uncomfortable, he or she may request the therapist to stop the treatment immediately. 			
		•	t in the room. If I choose not to remain in the room, it is of work with my child.
		Parent's Signature	Date
Therapist's Signature	Date		
Note: Please give at least 24 hours advance notice if you nee	d to cancel. Your appointment time is reserved especially for you. If you		

do not cancel ahead or fail to arrive for your appointment, payment for the missed appointment is requested.

An individual who wishes to file a complaint against a massage therapist, a massage therapy school, a massage therapy instructor, or a massage therapy establishment may write to: Complaints Management and Investigative Section P.O. Box 141369 Austin, Texas 78714-1369 or call 1-800-942-5540 to request the appropriate form or obtain more information. *This number is for complaints only.*