

Jana Moon LMT, CST

CranioSacral Techniques Certified Therapist
Licensed Massage Therapist MT038189
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Parental Consent Form for Body Therapy for a Minor

Parent's Name: _____ Parent's Telephone: _____

Client's (minor's) Name: _____

I am hereby requesting CranioSacral therapy or Reiki for my minor child. I, being the parent or guardian of the client, a minor under the age of 17, give my written consent for a CranioSacral therapy or Reiki therapy treatment.

Please read carefully and sign below. These statements are required by the State of Texas:

I understand that:

- The therapist neither makes diagnosis nor treats illness or disease, or performs any spinal/skeletal manipulations and does not prescribe medications.
- If at any time during the session my child feels uncomfortable, he or she may request the therapist to stop the treatment immediately.
- I understand that I am requested to remain present in the room. If I choose not to remain in the room, it is of my own choice with consent for the therapist to work with my child.

Parent's Signature

Date

Therapist's Signature

Date

Note: Please give at least 24 hours advance notice if you need 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.*