



Brookview WELLNESS

HOLISTIC CHIROPRACTIC CARE

Minor Release Form

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

Please print clearly:

I, _____ certify that I am the parent or legal guardian of (minor's name) _____, who is _____ years of age as of today. I have completed the intake form for the above-mentioned minor and informed the therapist of all relevant medical history and concerns. 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 minor child to receive treatment(s) at this facility and agree to all the terms.

By signing below, you agree that you are the parent or legal guardian of the minor receiving treatment(s). You understand that you are required to remain in the treatment room during intake and the massage therapy session for the entirety of the minor's treatment(s). You will also be required, if needed, to assist the minor in preparing for his/her treatment(s). You agree that you have completed the intake form to the best of your knowledge and have informed the massage therapist of all medical diagnoses, medications, and/or concerns associated with the minor receiving treatment(s).

Print Name: _____

Signature: _____

Date: _____