

# Consent to Treat Minor

Please read this agreement carefully.

I (Parent/Guardian named below) authorize Shawna Lenzion Harbin, LMP, to administer massage therapy, craniosacral therapy, and bodywork to (Minor named below) as deemed necessary by myself and the practitioner. I intend this consent form to cover the entire course of treatment for the Minor's present condition and any future condition(s) for which I seek treatment for the Minor.

I have read and understand this consent agreement.

Name: \_\_\_\_\_ (Minor)

Name: \_\_\_\_\_ (Parent/Guardian)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_