

Treatment of Minor Written Permission



I _____ as the parent/guardian consent to treatment of _____ without the presence of myself or another parent/guardian in the treatment room. I acknowledge that it is the preference of Excelsior Sports Therapy and the recommendation of Massage and Myotherapy Association of Australia that all treatment of minors occurs with a parent/guardian in the treatment room and give my permission for this treatment to go ahead without a parent/guardian in the treatment room.

Signature: _____

Date: _____