

Informed Consent for Minors

Client's name _____ Birthdate _____

I, _____, the parent or legal guardian of the above named client, give permission for Charlotte Sternkind Del Toro to perform a massage/integrated techniques session. I wish to be present for:

None of the session Part of the session Enter at my own discretion

Enter with permission of the client

Parent/Legal Guardian signature _____ Date _____

Therapist signature _____ Date _____