

Shalon Da~Nai Spaulding, LMT
603-303-6968

Minor Consent Form
Massage Therapy

I _____, am the parent/ guardian of _____.

I hereby give consent for my minor child to receive massage therapy treatments from Shalon Da~Nai Spaulding, LMT. I understand that I am financially responsible for the minor and that I must schedule all appointments on their behalf. I grant permission that my child may receive treatment with or without my presence.

Signature _____ Date _____