

AO Wellness Center

Minor Informed Consent

I _____ hereby give permission (and until further notice) to AO Massage, Health and Wellness Center, Kitty Berry Austin, M.S., LMT, MAT to provide my minor child/person, _____ under my guardianship with therapeutic massage services as deemed appropriate to treat presenting conditions/injuries. I understand that I am financially responsible for the minor, and that all statements contained in this consent apply equally to myself and to the minor.

Signed _____

Parent/Guardian

Date _____

My child/charge has my permission to appear for treatment without me present and I further understand that I must make the appointments.

Signed _____

Date _____

