



**Myofascial &  
CranioSacral**  
*Therapies of Oklahoma*

**Consent to Treatment of a Minor (If applicable):**

PLEASE PRINT CLEARLY:

I \_\_\_\_\_, certify that I am a parent or legal guardian of \_\_\_\_\_ who is \_\_\_\_\_ years of age as of today grant permission for my minor child to receive myofascial release therapy, massage, and bodywork techniques from Myofascial & CranioSacral Therapies of Oklahoma. I have accurately filled out the Client Intake Form for the minor that is going to be receiving the therapy services for any future dates with Myofascial & CranioSacral Therapies of Oklahoma. I am aware of the legal waiver that is in full effect with this signature for the person receiving the services as well as myself.

SIGNATURE OF PARENT or LEGAL GUARDIAN

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

If for any reason that you become non-eligible for the signing of this document for future dates you will submit in writing to Myofascial & CranioSacral Therapies of Oklahoma that information by a written letter in person to Myofascial & CranioSacral Therapies of Oklahoma.