

MINOR: Client Information and Informed Consent Sheet

Complete this form as a parent/guardian of any person under the age of 18 receiving services at Tao.

In order to serve you better and make the most of your session, please fill this form out PRIOR to attending your session. Thank you!



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| TY |

PLEASE PRINT

DATE: _____

NAME OF MINOR _____ DOB _____ / _____ / _____

ADDRESS _____ APT# _____ CITY _____ STATE _____ ZIP _____

PHONE mobile _____ EMERGENCY CONTACT _____
 home

Height: _____ Weight: _____

Sports? Exercise? Hobbies? Activities? _____

Medications? _____

Minors are permitted to receive massage or facial services at Tao. Parent or legal guardian must be present in helping complete the initial assessment for the minor, along with consent for the massage/facial session.

Minors (all clients under the age of 18) can only receive massage or facial services with written parental/legal guardian consent. In collaboration with the consenting adult and child, the service provider will assist in establishing goals for the session. You also agree that you have completed the Intake Form and have informed the therapist of all medical diagnoses, symptoms, medications, and complaints associated with the minor receiving treatment(s). You understand that you may be required to remain at the facility for the entirety of the minor's treatment(s).

You will also be required, if needed, to assist the minor in preparing for his/her treatment(s). We may also request that you remain in the treatment room to supervise all interactions between the therapist and the minor. Appropriate draping will be used at all times during the massage, only areas being massaged are uncovered. FOR YOUR INFORMATION: The following sometimes occurs during massage, they are normal responses to relaxation/massage. Trust your body to express what it needs to: need to move or change positions, sighing, yawning, change in breathing, stomach gurgling, energy shifts emotional feelings and/or expression, movement of intestinal gas, falling asleep, memories, needing to urinate *In consideration for providing spa services, by signing our digital document you agree to accept all responsibility for the minor receiving services.*

- In addition I understand fully that massage therapy is not a substitute for medical examinations and/or diagnosis and that it is recommended that I see a physician for any physical ailment I may have. Because a massage therapist must be made aware of any existing physical conditions, I have stated all known medical conditions and take it upon myself to keep my therapist updated on my physical health.
- I understand and accept that I may experience bruising, stiffness and/or soreness following receiving services from TaoMassage.
- I understand that if I have indicated that I weigh 350lbs or more, I will not hold the modality, massage therapist or the company liable for any equipment failure.
- I understand and have read the TaoMassage office policy and understand that payment is due at the time of treatment.
- I agree to give 24 hours notice of cancellation of appointment. If less than 24 hours given I agree to pay for the missed scheduled session. Cases of extreme emergency are considered exceptions.
- I understand that any illicit or sexually aggressive remarks, advances or gestures made by me will result in the immediate termination of the session, and I will be liable for payment of the scheduled appointment.

I have carefully read and understand all of the above and I have answered all questions fully and accurately.

PARENT/GUARDIAN SIGNATURE _____ DATE _____