

Minor Informed Consent

I _____ hereby give permission (and until further notice) to Kenny Lyons LMT, 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 _____ Date _____
Parent/Guardian

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 _____
Parent

Kenny Lyons LMT
406 Cornell Place
Louisville, Kentucky 40207
502/523.2513
www.relaxrenewrevive.net