NST Center of NJ

Consent to Treat a Minor

Minor Information

Minor's Full Name: _____

Date of Birth: _____

Parent / Legal Guardian Information

Parent/Guardian Name: _____

Relationship to Minor: _____

Phone Number: _____

Email: _____

Address: _____

Emergency Contact (If Different from Parent/Guardian)

Name: _____

Relationship: _____

Phone Number: _____

Consent for Treatment

I, the undersigned parent or legal guardian of the above-named minor, authorize NST Center of NJ and its practitioners to provide massage therapy and/or bodywork services to my child.

I understand that massage therapy and bodywork services are intended to promote relaxation, muscular relief, and general wellness and are not intended to diagnose, treat, cure, or prevent any disease or medical condition.

I affirm that I have disclosed all known medical conditions, injuries, allergies, medications, or other relevant health concerns regarding the minor and agree to notify the practitioner of any changes in the minor's health status.

I understand that the practitioner may refuse or postpone treatment if it is determined that massage/bodywork may not be appropriate or safe for the minor.

Supervision & Professional Boundaries

I understand that:

- Proper draping will be maintained at all times according to professional standards.
- The minor may stop the session at any time.
- The practitioner may end the session at any time if they feel it is inappropriate to continue.
- A parent or legal guardian may be required to remain on the premises or in the treatment room during the session.

Risks & Acknowledgment

I understand that while massage therapy/bodywork is generally safe, there are potential risks including but not limited to:

- Temporary soreness or discomfort
- Mild bruising or inflammation
- Dizziness or fatigue
- Aggravation of undisclosed or pre-existing conditions
- Allergic reactions to oils, lotions, or topical products

I voluntarily consent to treatment for the above-named minor and release NST Center of NJ and its practitioners from liability except in cases of gross negligence or misconduct.

Appointment Policy

Please provide at least 24 hours' notice for cancellations or rescheduling. Missed appointments or cancellations made with less than 24 hours' notice may be subject to a cancellation fee.

Clients arriving late may receive a shortened session in order to avoid delaying subsequent appointments. Full session fees may still apply.

Parent/Guardian Initials: _____

Signatures

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

Practitioner Signature: _____

Date: _____