

Medical Release Form for Minors

I, _____, give
_____(LMT) permission to perform therapeutic
massage therapy on my son/ daughter _____.

I have been informed on procedure and policy and that all therapy will be provided in a professional manner.

Date: _____

Parent/Guardian _____

LMT _____ Date _____



The Peaceful Place Medical Massage and Energy Work

1851 Stone Road Rochester, NY 14615
70 Office Park Way Pittsford, NY 14524
(585) 205-4478

