

**Seattle Reflexology & Massage Center**

P. O. Box 22  
Clinton, WA 98236  
(206) 284-8389

## **Authorization for Reflexology/Massage of a Child**

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### **Information of Legal Guardian**

I, \_\_\_\_\_, hereby swear that I am the lawful guardian of the child listed below and that there are no court orders now in effect that would prohibit me from conferring the power to consent upon another person. My contact information is as follows:

Name \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Secondary Phone \_\_\_\_\_  
Email \_\_\_\_\_

### **Information of Child**

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Birth Sex \_\_\_\_\_

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### **Permission of Legal Guardian**

I hereby give consent to Lisa Hensell at Seattle Reflexology & Massage Center to perform reflexology/massage on this child. I give this consent freely and knowingly in order to provide for the child and not as a result of coercion, duress or payments by any person or agency. This consent will remain in effect until it is revoked by notifying Seattle Reflexology & Massage Center in writing that I wish to revoke it.

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Date