

*Weldon Spring Massage Therapy, LLC*

*5055 State Hwy N, Ste 213*

*Cottleville, MO, 63304*

*(636) 385-3965*

**Consent to treatment of Minors:**

By my signature below, I hereby authorize \_\_\_\_\_ to  
(name of provider)  
administer massage, bodywork, or somatic therapy techniques to my child or  
dependent, \_\_\_\_\_, as they deem necessary.  
(name of child or dependent)

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Date**