



**THE
MUSCLE
SHOP.™**

**725 MAIN STREET, WALSENBURG CO 81089
2524 COLORADO AVENUE, COLORADO SPRINGS CO 80904
(719)738-2185, (303)229-1976
WWW.THEMUSCLESHP.BIZ**

Consent to treat a minor Form

(must be filled out before service may be given to an individual under 18 years of age)

I, _____ (Parent/Guardian)

Give _____ (Therapist/Trainer) permission to treat

My child _____ (Child's Name) .

I understand treatments involved and give the above stated therapist/trainer permission to treat/help my above named child or child in my care. I therefore knowingly take responsibility for the above named child's health and well being in requesting the services of the above named therapist/trainer.

Initial Below:

_____ I WILL be present during ALL treatment session

_____ I will not be present during all treatment sessions
But give Therapist/Trainer permission to treat my
child with out my supervision.

Parent/Guardian _____
(Printed Name)

(Signature) By signing I agree to the above

Date: _____

Therapist/Trainer: _____
(Printed Name)

(Signature)

Date: _____

