

Shannon Lawson, L.M.T.

315 S. Grand Avenue
Pullman, Washington 99163

Parental Consent Form

I _____, parent or legal guardian of
_____,

Have read and understood Shannon Lawson, L.M.P's Policies and give my permission for my son/daughter to receive a massage while I am not present. I understand that the massage therapist does not diagnose illness, disease or any other physical or mental disorder. As such, the massage therapist does not prescribe medical treatment or pharmaceuticals nor do they perform any spinal manipulations. I understand that this massage therapy is not a substitute for medical examinations and/or diagnosis. I also understand that because a massage therapist must be aware of existing physical conditions, my son/daughter will have stated all his/her known medical conditions and will take it upon his/herself to keep the massage therapist updated on his/her physical health.

Signature of Parent

Date