

Recovery Massage LLC
Tasha Paunovic LMT

CONSENT TO TREAT A MINOR

I hereby request and authorize Tasha Paunovic LMT to render massage therapy to

_____ (minor).

As of this date, I have the legal right to select and authorize healthcare service for the minor child
named above.

Date _____

Signature_____

Printed Name_____

Relationship to Client_____