

Spotswood Trail Therapeutic Massage

Phone: 410-299-3819

Parent/ Guardian Permission & Release Form

Child's Name: _____

Birthday: _____

I acknowledge that the herein named child or young person is under the age of 18, and the signed statement below acknowledges my authorization to Spotswood Trail Therapeutic Massage and Kathy Volrath to administer the recommended treatment.

Parent/Guardian Signature: _____

Date: _____

04/2011