

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 \_\_\_\_\_