

Healthcare Environment Medical Consent Form

This consent form below would be used by a member of the healthcare team to obtain parental/caregiver consent after they have received physician consent.

Documentation of Consent for Pediatric Massage Therapy

I, (print name) _____, spoke to the parent/guardian of _____ (in person / on the phone) about Pediatric Massage Therapy. I informed them that this is treatment has been cleared by the child's physician.

I discussed risks and benefits of massage. Benefits include relaxation, pain relief and comfort. Risks include allergy to massage oil/lotion(list type) _____, emotional release related to relaxation, and musculoskeletal soreness.

Opportunity was given for them to ask any questions and these questions were answered.
Questions asked:

The use of an interpreter was required? Yes No

The parent/guardian stated understanding of this intervention and gave permission for Massage.

Signatures

Person obtaining consent: _____

Interpreter: _____

Date/time: _____

Parent/guardian: _____