

Example Medical Consent Forms

Massage and touch therapy should not be performed with a pediatric client without their express permission, parental/caregiver permission, and medical consent as necessary. First do no harm. Our intent is to create comfort, relaxation and provide compassionate care for our young clients.

Private Massage Consent Form

Massage therapy for a child is not intended to replace other forms of healthcare. Used as a form of adjunctive healthcare, potential benefits for the child include:

<p>Skeletal:</p> <ul style="list-style-type: none"> - Aids in supporting good posture and balance - Reduces muscle tension that could lead to potential medical problems - Increases nutrient flow to bones <p>Muscular:</p> <ul style="list-style-type: none"> - Relieves muscle tension and spasm - Aids in removal of lactic acid & carbonic acid - Increases the flow of blood and nutrients to muscles - Can increase or decrease muscle tone depending upon amount of pressure - Can reduce or increase joint mobility depending upon amount of pressure 	<p>Digestive:</p> <ul style="list-style-type: none"> - May relieve constipation - May relieve gas - Reduces water retention <p>Cleans the blood by toning the kidneys</p> <p>Circulatory:</p> <ul style="list-style-type: none"> - Stimulates blood and lymph circulation - Helps strengthen the immune system - Releases toxins held in the body 	<p>Respiratory:</p> <ul style="list-style-type: none"> - Improves breathing patterns - Helps reduce respiratory problems - Relieves tension in the chest allowing the lungs to expand more fully <p>Nervous:</p> <ul style="list-style-type: none"> - Relaxes and calms - Improves sleep patterns - Raises endorphin levels, promoting healing - Provides a safe and easy release from frustration and hyperactive behavior - The Vagus Nerve is stimulated influencing food absorption hormones (Insulin & Glycogen)
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Child's Name: _____ Birthdate: _____

Caregiver's Name : _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Cell/Pgr: _____

Email: _____

Referred By: _____

In case of emergency.

Name: _____ Phone: _____

My healthcare provider is:

_____ Phone: _____

Contraindications for Pediatric Massage include:

- Fever/Temperature
- Acute infection, staph infection, illness or disease
- Skin disorder/condition which may be contagious or cause inflammation (fungus, rashes, herpes)
- Open sores, wounds or lesions
- Recent immunization/vaccination (wait 48 – 72 hours)
- Life threatening medical condition
- Unhealed umbilical cord (tummy massage contraindicated)
- Swollen lymph nodes

- Blood clots or a blood condition
- Diarrhea or other sickness
- Inflammation
- High Blood Pressure
- Hernia
- Osteoporosis
- Varicose Veins
- Broken Bones
- Deep Vein Thrombosis
- Pain
- Lability
- Thrombocytopenia

Common Precautions for Pediatric Massage include:

- Apnea
- Bradycardia
- Tachycardia
- Abdominal Distention
- Gastrointestinal or Jejunostomy feeding tubes
- Hydrocephalus
- Inflammations
- Edema
- Dysplasia
- Hemophilia
- Jaundice
- Recent Surgery
- HIV/AIDS
- Tumors
- Cancer
- Seizure Disorders
- Agitation
- Impulsivity

Please indicate any of the high risk factors, complications that I should be aware of:

Is there other relevant information about the pregnancy, child birth, about you or the child, that I should know?

I, _____, understand that my child will be participating in pediatric massage therapy as a form of adjunct health care.

I have noted above all complications, risks, or conditions my child has experienced AND I have obtained my child's healthcare providers release.

I understand that my child will receive pediatric massage therapy as a form of adjunctive health care only and that it is not a substitute for other healthcare provided by a medical doctor or other licensed provider.

I hereby release and hold harmless and defend the practitioner from any claims, liability, demands and causes of action from my and my child's participation in this therapy.

Signature: _____ Date: _____ Print Name: _____

Practitioner's Signature: _____ Date: _____ Print Name: _____