



A to Zen Parental Consent Form

Minor Client Information

Name:

Gender:

Birth date:

Age:

As a parent or guardian to the minor child listed above, I consent to him/her receiving the services below from **Spalutions, Inc. (DBA A to Zen)** from a NC LMBT (North Carolina Licensed Massage & Bodywork Therapist). If the minor above is less than 12 years of age, I agree to be present in the room during the treatment(s) or appointment sessions.

_____ Therapeutic Massage & Bodywork

_____ Wellness Coaching

Parent/Guardian Name _____

Signature _____

Date: _____