



Ka Malama Anela

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Minor Consent Form:

All persons under the age of 18 are required to have a parent or guardian fill out this form.

- By signing below, you acknowledge that you are the parent or legal guardian of the minor client receiving angel intuitive massage session(s) provided by Kilani Pedro DBA *Ka Malama Anela*.
- You understand that you are required to remain on the property for the entirety of the minor client’s session(s). You will also be required, if needed, to assist the minor in preparing for his/her session(s).
 - **For minors under 16, it is required that you remain in the room during the session to supervise all interactions between the massage therapist and minor client.** This is subject to change at any time.
- You also agree that you have completed the Client Intake Form and Medical History Form. You acknowledge that you have informed the massage therapist of any and all medical diagnoses, symptoms, medications, and complaints associated with the minor client receiving angel intuitive massage session(s).
- You acknowledge that you have, or will, provide all necessary authorizations or release forms from the minor’s medical practitioner to receive massage therapy while under a physician’s care for any condition the massage therapist and/or physician deems is contraindicated (*definition -- re: a condition - suggest or indicate that a medication, therapy or procedure should not be used in the case in question*).
 - Please note: There are several different modalities available that are acceptable for use on (minor) clients when conditions, symptoms, or injury present itself. This will be discussed at the beginning of each session to maximize the benefit and answer all questions.

You acknowledge the minor client is aware of the following:

- Draping will be used during the session – only the area being worked on will be uncovered.
- The minor client is not required to disrobe if he/she does not want to. However, this will restrict the effectiveness of certain modalities that require contact with the muscle or area being worked.
- The modality will be adjusted to the minor client’s comfort level while attempting to satisfy his/her therapeutic massage needs. As such, constant communication is necessary between the client and massage therapist.
- Throughout the session, the minor client will be asked about and expected to communicate his/her pressure.
- If the minor client experiences any pain or discomfort during the session, he/she must immediately inform the massage therapist so that the pressure and/or strokes may be adjusted to a level of comfort.
- The minor client is aware that he/she will be in a safe and comfortable environment.
- The minor client is aware that the massage sessions are entirely therapeutic and strictly non-sexual. Any inappropriate, vulgar, or belligerent behavior will require the session to end immediately, without refund.
 - If necessary, law enforcement will be contacted. The parent or legal guardian will be held accountable.

I, _____, certify that I am the parent, or legal guardian, of _____, who is _____ years of age, on this day. I acknowledge that I have completed the Informed Consent and Policies, Client Intake, and Medical History forms for the above mentioned minor client. I have informed the massage therapist of any and all relevant medical history and concerns. I acknowledge that I understand the scope of massage therapy and that it is not meant to diagnose, treat, or cure any conditions nor a replacement for standard medical care provided by a physician. I give permission for my minor child to receive “Angel Intuitive Massage” session(s) provided by Kilani Pedro DBA *Ka Malama Anela* and agree to all the above terms, policies, and disclaimers provided online, verbally, and written. I also understand that additional terms of use, policies, disclaimers, and FAQs are available at any time online at HuiOAnela.com. **Check & Initial Here** _____

Signed copies are available upon request.

Signature of Parent or Legal Guardian

Print Name

Date