



Irish Reflexologists'  
Institute Ltd.

## **Minor Release Form**

*All persons under the age of 16 are required to have a parent or guardian fill out this form.*

By signing below, you agree that you are the parent or legal guardian of this client receiving treatment(s). You understand that you are required to remain at in the room for the entirety of the treatment(s). You will also be required, if needed, to assist the minor in preparing for his/her treatment(s).

**We request that you remain in the treatment room to supervise all interactions between the therapist and the client.**

You also agree that you have completed the Consultation Form and have informed the therapist of all medical diagnoses, symptoms, medications, and complaints associated with the minor receiving treatment(s).

PLEASE PRINT CLEARLY

I \_\_\_\_\_, certify that I am the parent or legal guardian of \_\_\_\_\_, who is \_\_\_\_\_ years of age as of today. I have completed the Intake Form for the above-mentioned client and informed the reflexologist of all relevant medical history and concerns. I understand the scope of this holistic therapy and that it is not meant to diagnose, treat, or cure any conditions and is not a replacement for standard medical care. I give permission for this client to receive treatment(s) and agree to all the above terms.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_