



Parental Consent

Date: _____

I _____,

Give the Ame Salon and Spa Therapist permission to perform therapeutic massage services on my under 18 minor.

We require that a parent/ guardian must be in the room during the time of service per Pennsylvania State Board of Massage Therapy.

Clients Name: _____ (Print)

Parents Name: _____ (Print)

_____ (Signature)