



Minor Consent Form
(To be completed if client is under the age of 18)

As the parent or legal guardian of _____

(child's full legal name), I give permission to The Green Spa & Wellness Center for her/him to have the following services performed:

I confirm that I have read and understand all information on the applicable forms for this treatment or service, and accept responsibility on my child's behalf for any disclosures or liability described on those forms.

I understand that I am financially responsible for the minor, and that all statements contained in this consent apply equally to both me and the minor.

Full Name _____

Signed _____ **Date** _____

Parent/Guardian

My child has my permission to appear for treatment without me present and I further understand that I must make the appointments.

Signed _____ **Date** _____