

Zachary Graney, LMBT 8563  
Zachary Graney Massage Therapy  
2311 W Cone Blvd, Suite 134  
Greensboro NC, 27408



## Minor Informed Consent

I \_\_\_\_\_ hereby give permission (and until further notice) to Zachary Graney, LMBT #8563, to provide my minor child/ person under my guardianship with therapeutic massage services. I understand that I am financially responsible for the minor. I understand and agree with all statements contained in the intake form. My child/charge has permission to appear for treatment without me present. I further understand that my child/charge may now make future appointments on their own accord.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist

\_\_\_\_\_  
Date