



Licensed Massage Therapist or Other Certified Professional Health Care Provider

PERMISSION SLIP TO TREAT A MINOR ATHLETE

I, _____, legal guardian of _____,
a minor athlete, give express written permission, and grant an exception to the Minor Athlete Abuse Prevention
Policy for _____ (massage therapist or other certified professional)
to provide a massage, rubdown and/or athletic training modality on _____
(minor athlete) on _____ (date) at _____ (location).

The massage, rubdown or athletic training modality must be done with at least one other adult present in the
room and must never be done with only _____ (minor
athlete) and _____ (massage therapist or other certified professional)
in the room. I acknowledge that I have the right to observe the massage, rubdown or athletic training modality.
I further acknowledge that this written permission is valid only for the dates and location specified herein.

Legal Guardian Signature: _____

Date: _____