



Consent To Treat a Minor

I, _____, am the parent/guardian of
Parent/Guardian Name
_____ and hereby give consent for my minor
Child's Name
child to receive treatment from Celestial Spa on Cloud 9. I understand that I am financially responsible for the minor and that I must schedule all appointments on their behalf. I grant permission that my child may receive treatment with or without my presence for any future treatment sessions.

Print Name Parent/Guardian

Signature Parent/Guardian

Date