

Infant Massage Lessons | Consent Form

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Caregiver's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone (    ) \_\_\_\_\_

How did you learn of this class? \_\_\_\_\_

May I send a Thank You? \_\_\_\_\_ Would you like to be added to our E-News list? \_\_\_\_\_

While there are many benefits of infant massage, circumstances when it is not appropriate are a high fever or temperature • an acute infection • staph infection or disease • a skin disorder which may be contagious or cause inflammation • open sores or lesions • recent immunizations or vaccinations within last 48-72hrs • any life threatening medical condition • an unhealed umbilical cord (for tummy work only) • swollen lymph nodes • blood clots or a blood condition • diarrhea or other illness.

If your child is experiencing any of the following; please circle, advise your instructor, and seek a Healthcare Provider Release before attending a class: apnea • bradycardia • tachycardia • abdominal distention • gastrointestinal feeding tubes • hydrocephalus • inflammation • edema • dysplasia • hemophilia • jaundice • recent surgery • HIV/AIDS • tumors • cancer • seizure disorders.

Is there any other relevant information about the pregnancy, childbirth, about you or your child that I should know?

I, \_\_\_\_\_, understand that I will be participating in infant massage therapy lessons as a form of adjunct healthcare only and that it is not a substitute for other healthcare provided by a medical doctor or other licensed professional. I understand my participation in and completion of these lessons, in no way qualifies me to teach Infant Massage.

I have noted all complications, risks, or conditions my child has experienced AND, if warranted, I have provided a release from my child's healthcare provider.

I hereby release and hold harmless, and defend the Infant Massage Teacher from any claims, liability, demands, and causes of action from the participation of my child or myself in these lessons or therapy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clearly Print Name: \_\_\_\_\_

Witnessed by,  
Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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