



ReflexologyLove  
3503 188<sup>th</sup> ST SW, Suite B  
Lynnwood, WA 98037  
(425) 501-2405  
[reflexologylove.com](http://reflexologylove.com)

## Authorization for Reflexology of a Child

---

### Information of Legal Guardian

I, \_\_\_\_\_, hereby swear that I am the lawful guardian of the child listed below and that there are no court orders now in effect that would prohibit me from conferring the power to consent upon another person. My contact information is as follows:

Name \_\_\_\_\_  
Relationship to Child \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Secondary Phone \_\_\_\_\_  
Email \_\_\_\_\_

### Information of Child

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Birth Sex \_\_\_\_\_

---

### Permission of Legal Guardian

I hereby give consent to Christy Maxwell, CR, of ReflexologyLove to perform reflexology on this child. I give this consent freely and knowingly in order to provide for the child and not as a result of coercion, duress or payments by any person or agency. This consent will remain in effect until it is revoked by notifying ReflexologyLove in writing that I wish to revoke it.

---

Signature of Legal Guardian

---

Date