



Parental Consent Form

Aquasonic
Waldeck Pyrmontkade 116
2518 JR Den Haag
www.aquasonic-soundfloating.com

Dear Parent/Caretaker,
Thank you for considering Aquasonic for your child's massage- and/or Soundfloating treatment. To ensure the safety and well-being of minors, I kindly ask that you complete this form to provide your consent for your child (under the age of 16) to participate in these services.

By signing this form, you confirm that you, as the parent or legal guardian, understand and accept the following:

1.) Child's Information:

Full Name of Child: _____

Date of Birth: _____

Address: _____

Contact Number: _____

2.) Parental/Caretaker Information:

Full Name of Parent/Caretaker: _____

Relationship to Child: _____

Contact Number: _____

Email: _____

3.) Consent for Treatment:

I, the undersigned, give permission for my child to receive the following services at Aquasonic:

- Massage
- Soundfloating-session

4.) Health Considerations:

I confirm that my child has no medical conditions or contraindications that would prevent them from undergoing the above treatments. I agree to inform Aquasonic of any relevant health issues or concerns that may affect the treatments, including allergies, physical limitations, or any other pertinent medical information.

Any medical conditions I should be aware of: _____

Medications currently being taken (if any): _____

5.) Liability Waiver:

I acknowledge that I am aware of the nature of the treatments provided and I accept that Aquasonic and its staff will take reasonable care and precautions to ensure the safety and well-being of my child during the treatment. I understand that all services are provided at my child's own risk, and I agree to release Aquasonic from any liability related to the services provided, except in cases of gross negligence.

6.) Confirmation and Signature:

By signing below, I confirm that the information provided is accurate, and I grant permission for my child to receive the treatments specified above.

Parent/Caretaker Name (printed): _____

Signature of Parent/Caretaker: _____

Date: _____

Please note: This form must be signed by a parent or legal guardian and submitted before your child's appointment. If you have any questions or require more information, please do not hesitate to contact me.