

# Consent for Massages

Initial: \_\_\_\_\_ I do not give consent for massages.

Initial: \_\_\_\_\_ I do give consent for \_\_\_\_\_ to receive massages \_\_\_\_\_ day(s)  
a week. (resident name)

Initial: \_\_\_\_\_ I acknowledge the cost of this service is \$35 per session.

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

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

Resident Label