



Touch for the Wise

Family Authorization for Therapeutic Massage

I hereby give my permission for Amy M. Thomas, LMT, BCTMB to provide
_____ with therapeutic massage services

and to administer age-appropriate, and non-invasive massage therapy techniques for the purpose of general relaxation, improved circulation and palliative care.

I understand the the massage therapist named above is fully trained, and certified to provide hands-on, comfort care in the form of massage therapy, and that she is not a medically trained or licensed physician or nurse. I further understand that this individual provides therapeutic massage services to residents in health care facilities as an independent contractor and that the massage therapist carries liability insurance.

I accept full responsibility for requesting massage therapy for:

Signed by: _____

Relation to Resident: _____

Dated: _____