



Infant Massage Class Registration Form

Class Dates:

Class Location:

Class Time:

Cost:

Payment method:

Child's Name: _____ Birthdate: _____

Caregiver's Name(s) : _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email: _____

Referred By: _____

Why are you interested in learning infant massage?

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



Infant Massage Lessons | Consent Form

Massage therapy for an infant is not intended to replace other forms of healthcare. Used as a form of adjunctive healthcare, potential benefits for the child include:

<p>Skeletal:</p> <ul style="list-style-type: none"> - Aids in supporting good posture and balance - Reduces muscle tension that could lead to potential medical problems - Increases nutrient flow to bones <p>Muscular:</p> <ul style="list-style-type: none"> - Relieves muscle tension and spasm - Aids in removal of lactic acid & carbonic acid which build up after strenuous activity - Increases the flow of blood and nutrients to muscles - Can increase or decrease muscle tone depending upon amount of pressure - Can reduce or increase joint mobility depending upon amount of pressure 	<p>Digestive:</p> <ul style="list-style-type: none"> - May relieve constipation - May relieve gas - Reduces water retention <p>Cleans the blood by toning the kidneys</p> <p>Circulatory:</p> <ul style="list-style-type: none"> - Stimulates blood and lymph circulation - Helps strengthen the immune system - Releases toxins held in the body 	<p>Respiratory:</p> <ul style="list-style-type: none"> - Improves breathing patterns - Helps reduce respiratory problems - Relieves tension in the chest allowing the lungs to expand more fully <p>Nervous:</p> <ul style="list-style-type: none"> - Relaxes and calms baby - Helps baby to sleep - Raises endorphin levels, promoting healing - Provides a safe and easy release from frustration and hyperactive behavior - The Vagus Nerve is stimulated influencing food absorption hormones (Insulin & Glycogen)
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Child's Name: _____ Birthdate: _____

Caregiver's Name : _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell: _____

Email: _____

Referred By: _____

In case of emergency.

Name: _____ Phone: _____

My healthcare provider is:

_____ Phone: _____

Infant Massage is contraindicated if the child:

- Has High Fever/Temperature
- Has an acute infection, staph infection, illness or disease
- Has a skin disorder which may be contagious or cause inflammation
- Has open sores or lesions
- Has had recent immunization/vaccination (wait 48 – 72 hours)
- Has any life threatening medical condition
- Has an unhealed umbilical cord (tummy massage contraindicated)
- Has swollen lymph nodes
- Has blood clots or a blood condition
- Has diarrhea or other sickness

Common Precautions for Infant Massage include:

- Apnea
- Bradycardia
- Tachycardia
- Abdominal Distention
- Gastrointestinal or Jejunostomy feeding tubes
- Hydrocephalus
- Inflammations
- Edema
- Dysplasia
- Hemophilia
- Jaundice
- Recent Surgery
- HIV/AIDS
- Tumors
- Cancer
- Seizure Disorders

Please indicate any of the high risk factors, complications that I should be aware of:

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

I, _____, understand that I will be participating in infant massage therapy lessons as a form of adjunct health care.

I have noted above all complications, risks, or conditions my child has experienced AND I have obtained my child's healthcare providers release.

I understand that I will be receiving infant massage therapy lessons as a form of adjunctive health care only and that it is not a substitute for other healthcare provided by a medical doctor or other licensed provider.

I hereby release and hold harmless and defend the practitioner (Infant Massage Teacher) from any claims, liability, demands and causes of action from my and my child's participation in this therapy.

Signature: _____ Date: _____ Print Name: _____

Teacher's Signature: _____ Date: _____ Print Name: _____

Infant Massage Teacher's Contact Information:

Kristine Golden, LMT, CPMT, CIMT, CPT
Florida Pediatric Massage
321-354-8787
info@flsportsmassage.com



Healthcare Provider Release for Infant Massage Therapy Lessons

To: Child's Healthcare Provider(s)

Re: Release for Infant Massage Therapy Lessons

Your Patient's caregiver, _____, has requested infant massage therapy lessons for use with your patient, _____. These lessons are to be provided by a certified infant massage teacher (certification requires completion of a comprehensive hands on training program as well as completing out-of-class practicum and passing a written exam).

It is our policy to provide infant massage therapy lessons only if the child's healthcare provider has reviewed this request with the caregiver. In addition, if the child has any high risk considerations, has experienced any healthcare complications or has any contraindicated conditions, we require a written release from the child's healthcare provider stating any specific limitations or precautions that you feel to be appropriate.

Please verify your clearance of this request by your signature below. This verification can be modified or withdrawn at any time should your patient's health status change. Thank you for your time and assistance.

Child's healthcare status is: (please circle one) normal progression high risk complications
(detail below)

Specific limitations or precautions:

You may contact me directly for clarification or concerns regarding this patient. Yes / No

Healthcare Provider Contact Information:

Name: (please print) _____ Phone: _____

Signature: _____ MD DO Midwife Date: _____

Therapist Contact Information:

Kristine Golden, LMT, CPMT, CIMT, CPT
Florida Pediatric Massage
321-354-8787
info@flsportsmassage.com