

Center For Touch



Touch Education/Parent-Child Massage Training Consent & Registration Form

This form along with the attached Provider Release form must be returned to The Center for Touch at least 1 weeks prior to your 1st Parent/Child Massage Class

Please Print Clearly (complete both sides)

Today's date _____

NAME _____

MAILING ADDRESS _____

PHONE _____ EMAIL _____

Childs Name _____ Birth date _____ Child's Age _____

Child's weight at birth _____ My child was: full term _____ premature _____

If premature, born at what week gestation _____ My baby spent time in the NICU _____

Mark below, which Class you are interested in

_____ Infant Massage-Pre Crawlers Class (baby must be at between 6 weeks old up and is not yet crawling)

_____ Infant Massage-Cruisers (may be crawling, pulling up, and toddling but not yet walking on their own)

_____ Movers & Shakers-(child is walking well on their own or up to preschool/early school age)

_____ Gentle Touch Class-(born premature, history of NICU stay, medically fragile at birth)

_____ Special Needs Class-(ADD/ADHD, autism, sensory issues, cerebral palsy, Down's syndrome, Failure to Thrive, NAS Narcotic Abstinence Syndrome (drug baby), hernia or any other diagnosis which exempts you from the other classes) *Please Specify Condition on the back/pg 2 of this form*

My child's healthcare provider is (name & location of provider's office)

*Massage training for a child is not intended to replace other forms of healthcare. Used as a form of adjunct to healthcare, potential benefits for the child include:

- Longer sleep periods
- Better digestion
- Relief from gas
- Prevention & relief from constipation
- Brain growth & development

Before registering, if your baby was born premature or spent any time in the NICU, you must contact the instructor & discuss the appropriate infant massage class for you and your baby. Depending on the baby's current status, the instructor may need to give you a modified class adapted best for you and your baby, or it may be that the typical class is just right for you.

Infant/Child Massage is contraindicated and should not be done, if the child:

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

Common Precautions for Pediatric Massage include: The proper class will teach you how to safely modify for these conditions

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

Please write any of the above mentioned that your child has had & explain. Include any other relevant or high risk factors or complications that the massage instructor should be aware of:

I _____, understand that I will be participating in Parent - Child Massage lessons as a form of adjunct healthcare education. I have noted above all complications, risks, or conditions my child has experienced AND I have obtained my child's healthcare providers release.

During the series, I will inform the instructor of any changes that arise in my child's health status.

I understand that I will be receiving Parent Training in Child Massage and that this is not a substitute for other healthcare provided by a medical doctor or other licensed provider.

I understand that to receive an understanding of all of the benefits, safety & precautions of this class, I must attend all sessions in the series.

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 hands on education.

Signature _____ Date _____

Print name _____

Teacher's Signature _____ Date _____

Print Name _____

Pediatric Massage Instructor Contact Information: Lorie Cox RN CIMT CPMT

Liddle Kidz Foundation Certified Instructor

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East Texas Center For Pediatric Touch Education

pediatrictouch.com