

Healthcare Provider release for Infant Massage Lessons (A 4 week series of classes for parent and child)

To: Child's Healthcare Provider

Re: Release for Parent - Child Massage Lessons

Your patient's caregiver _____, has requested
parent/child massage lessons for use with your patient, _____.

These lessons are to be provided by a Registered Nurse who is also a Certified Pediatric Massage Therapist (certification requires completion of a comprehensive hand on training program as well as completing out of class practicum and passing a written exam).

It is our policy to provide infant/child massage 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. This training includes adaptations & modifications for many various medical diagnosis & conditions. Therefore this form is important to provide each family the unique education they may need.

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 This verification can be modified or withdrawn at any time should your patient's health status change.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 _____

Contact Information: Lorie Cox RN CIMT CPMT Liddle Kidz Foundation Certified Instructor
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The East Texas Center for Pediatric Touch Education