

# Infant Massage Lessons | Registration and Consent

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

Legal Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about our Infant Massage Lessons? \_\_\_\_\_

Why are you interested in learning infant massage?

**In case of emergency:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Healthcare provider is:**

\_\_\_\_\_ Phone: \_\_\_\_\_

**If a Legal Guardian of the child is not attending the classes, fill out this section:**

I, \_\_\_\_\_, give this Non-Primary Caregiver, \_\_\_\_\_,  
Print Name of Legal Guardian Print Name of Non-Primary Caregiver

my permission to attend class with, **and** to touch my infant/child, using the techniques taught in class.

\_\_\_\_\_  
Signature of Legal Guardian **Date:** \_\_\_\_\_

**Infant Massage is contraindicated if the child:**

**Common Precautions for Infant Massage include:**

- 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

- Apnea
- Bradycardia
- Tachycardia
- Abdominal Distention
- Gastrointestinal or Jejunostomy feeding tubes
- Hydrocephalus
- Inflammations
- Edema/Swelling
- 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.  
Print Name of Legal Guardian

**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 Instructor) from any claims, liability, demands and causes of action from my and my child's participation in this therapy.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_  
Signature of Legal Guardian

**Instructor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

*Infant Massage Instructor's Contact Information:*

SUNSTONE HOLISTIC  
 Registered Massage Therapy  
 Ana Kordic RMT  
 Registered Massage Therapist  
 Certified Pediatric Massage Therapist  
 Certified Infant Massage Instructor  
 (647) 233-2569  
 ana@sunstonemassage.com

OFFICE USE ONLY:	
Class Dates:	
Class Location:	
Class Time:	
Cost:	
Payment method:	