**Center for Continuing Education of Osteopathy, Manual Therapy**

[**www.ceosteopathymanualtherapy.com**](http://www.ceosteopathymanualtherapy.com)

**Maureen “Hannah” Maher, Educational Director**

**tel. (438) 865-6355**

**Informed Consent to Buccal Facial Massage**

Name: \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Daytime phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of class: \_\_\_ \_ \_\_ Time: \_\_\_\_\_\_\_\_\_

Have you had any recent cosmetic procedures done or have been using any chemical peels, enzymes, or acids? Please note there must be a delay of at least 48 hours since receiving any peel or skin resurfacing treatment (including home products) in order to receive Buccal Facial Massage.

If yes, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For your information:

Buccal Facial Sculpting Massage is a form of intra-oral facial massage that stimulates blood flow into tissues, muscles, and activates lymphatic drainage within the facial area.

I understand that I am volunteering to serve as a demonstration model for Practitioners learning to advance their manual therapy skills in Buccal Facial Massage.

I understand that as a demonstration model, the purpose is to allow new students the opportunity to practice newly learned skills on me, and I do not expect to receive a professional level treatment nor a personalised consultation.

I agree that the Instructor as well as possibly more than one Practitioner might wish to practice on me, and that the maximum amount of time will be 90 minutes.

I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

I understand that if at any time I feel uncomfortable during a practice session I will inform the student or Instructor immediately as feedback is important to us as well as effective communication to ensure my safety.

I understand that it is my responsibility to disclose any medical or health condition that might be a contra-indication to intra-oral facial massage and the assumption is made that if I am volunteering, then I am in adequate health to accept such treatment.

I agree not to hold the Center for Continuing Education of Osteopathy & Manual Therapy, nor the Instructor Maureen Maher, nor any student liable for any injury, loss or damage to personal property during the treatment or while I am on the premises, including common areas of the classroom location building.

Patient: (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_