



# children's therapy connection

Connecting Kids with Their Potential™

## Informed Consent Form

I hereby request and consent to Children's Therapy Connection, Inc. to perform evaluation and treatment for my child as prescribed by a physician and/or recommended by the treating therapist(s).

I understand and am informed that all therapy services may have some risks. I understand that I have the right to ask about these risks and have any questions answered about my child's condition prior to treatment.

I acknowledge and agree that a parent or legal guardian must be present during each treatment session. I, as parent/guardian of a minor receiving treatment, do hereby agree and understand that I have been advised to remain on the premises during any such treatment, and waive any claim I may have resulting from failure to do so.

I know and agree that Children's Therapy Connection, Inc. is not responsible for loss or damage to personal valuables. I hereby release, discharge and acquit Children's Therapy Connection, Inc., its agents, representatives, affiliates, employees, or assigns, of and from any and all liability, claim, demand, damage, cause of action, or loss of any kind arising out of or resulting from my refusal to accept, receive or allow emergency and/or medical services, including but not limited to ambulance service, Emergency Medical Technician, physician, or urgent care services.

I have carefully read and fully understand this Informed Consent Form and have had the opportunity to discuss it with the treating therapist(s).

I consent and authorize Children's Therapy Connection, Inc. to perform evaluation and treatment for my child under the direction and supervision of the treating therapist(s).

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Child's Name (please print)

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Parent/Guardian's Name (please print)

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Phone Number *Circle One:* Home / Cell / Work

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E-Mail Address

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Parent/Guardian's Signature

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Date

Rev 4/13

[www.childrenstherapyconnection.com](http://www.childrenstherapyconnection.com)

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