

THERAPY ZONE 4 KIDZ

Emergency Medical Release

In the event of my absence or inability to provide consent, I hereby give my permission for Deborah Nearingder to seek the appropriate emergency medical attention for my child _____.

(print child's name)

In the event of an emergency, please provide any special instructions needed (including allergies, medications, special medical needs etc.)

Print Name

Parent/Guardian Signature

Date

Pick-Up Release

The following people have my permission to pick up _____
(print child's name)

after the therapy session. Please list all names of people picking up your child and their relationship to the child:

Parent/Guardian Signature

Date