

# THERAPY ZONE 4 KIDZ

## Informed Consent for Occupational Therapy Treatment

In connection with the occupational therapy program at **THERAPY ZONE 4 KIDZ** in which my child \_\_\_\_\_ will be participating, I hereby consent to the following (please initial in the boxes below indicating you have read and consent to each of the statements listed below):

I understand that occupational therapy is a joint effort, the results of which cannot be guaranteed. Progress depends on many factors, including the neurological make-up of the individual, motivation, effort, follow-through with recommended activities for home, and other life circumstances. Even after such efforts, in some instances, only minimal progress may be noted.

I understand that there may be times Galvan Park may be used as part of the therapy session and, while every effort will be used to prevent injuries, injuries may occur and the city of Morgan Hill is not liable or responsible for any injury that may occur during such time.

I understand certain approaches may require hands on treatment and/or physical engagement of both therapist and child. While every effort is made to prevent injuries, injuries may occur during treatment.

I understand that **THERAPY ZONE 4 KIDZ** may use information about my child in educational presentations, provided that my child's identity or any clues to my child's identity are not revealed.

I understand that information and records, and/or testimony, otherwise confidential, must be provided in the event of a court order or in litigation or official proceedings, in accordance with applicable law.

I understand that my child will receive occupational therapy for 50 minutes per session at the rate of \$120 per session. I understand that I am responsible for therapy charges and that payment is due on the day of services.

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Parent/Guardian Signature

Date

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Relationship to Child