



Informed Consent and Emergency Information

Movement and the use of moving equipment are integral to our therapy program. We will make every effort to ensure the safety of your child. However, we do want you to be aware that it is possible for accidental injuries to occur in this environment. In addition, please be aware that physical contact with the therapist is common in this treatment setting.

Please provide us with emergency contact information and sign below your informed consent to provide treatment to your child. It is our sincere hope that this information will never be necessary.

I give permission for my child, _____, to receive occupational therapy treatment with Corry Wagner, Occupational Therapist with Bay Area SpeechWorks. Treatment may occur in the clinic setting or outdoors. In the event of the need for emergency medical attention, I give my consent for 911 personnel to provide essential care.

EMERGENCY INFORMATION:

Parent: Name and all phone numbers (indicate cell, work, home)

Emergency Contact: Name and all phone numbers (indicate cell, work, home), relationship

Childs Pediatrician and Phone number:

Please describe any medical conditions or physical limitations:

Please list any known allergies:

Current medications:

Legal Guardian signature

Date