



Add Therapy Center



Informed Consent

Child's Name: _____

CONSENT FOR THERAPEUTIC TREATMENT

I hereby attest that I have voluntarily applied for and entered into treatment, or give my consent for the minor or person under my legal guardianship, at Add Therapy Center. I understand that I may terminate these services at any time.

Signature of Parent or Guardian Date

IF SHARED CUSTODY- both parties must sign this consent prior to treatment

I hereby attest that I have voluntarily applied for and entered into treatment, or give my consent for the minor or person under my legal guardianship, at Add Therapy Center. I understand that I may terminate these services at any time.

Signature of Parent or Guardian Date

CONSENT FOR PARTICIPATION WITH THERAPEUTIC EQUIPMENT

Intervention programs at Add Therapy Center usually involve the use of specialized equipment such as various swings, bolsters, inflated therapy balls, climbing structures, tactile media (such as soap foam, Play-Doh and lotion), and a variety of other activities that involve fine, gross and oral motor coordination. Therapy activities often involve encouraging the child to try new in order to foster increased skills and abilities. While ATC staff make great efforts to ensure each child's safety, the nature of the therapeutic intervention includes the risk of falling, bumping into other people/equipment. I am aware of the inherent risk of this type of activity, and I give permission for my child to participate in therapy as described.

Signature of Parent or Guardian Date





Add Therapy Center



REVIEW OF RECORDS/RELEASE OF INFORMATION

I consent to communication between Add Therapy Center and other therapists, teachers, and/or doctors that have previously worked and/or are currently working with my child. I understand that information may be shared with another member of my child's treatment team outside of ATC, as well as shared with professionals within ATC as part of the treatment process.

I understand that the information that is released between the treatment providers is confidential and is for the well-being of my child.

Signature of Parent or Guardian

Date

CONSENT FOR VIDEOTAPING AND PHOTOGRAPHING FOR THERAPEUTIC PURPOSES

Therapists often videotape or photograph children who receive therapy services at ATC to help monitor and document a child's areas of concern, as well as progress. Videotapes and photos are used and reviewed only by ATC staff. Parents are welcome to view their child's videotape at ATC.

I do ___ do not ___ give consent for my child to be videotaped and/or photographed as part of his/her therapy program for use by ATC staff only.

Signature of Parent or Guardian

Date

CONSENT FOR VIDEOTAPING AND PHOTOGRAPHING FOR EDUCATIONAL AND PUBLIC AWARENESS PURPOSES

Staff at ATC are frequently asked to teach at courses, seminars or workshops. We often like to include videotape, slides or photos during our presentations. Additionally, we may occasionally use photographs to share on Social Media and for promotional purposes

I do ___ do not ___ give permission for my child to be videotaped/photographed for educational and public relations purposes. I understand that my child's name and any identifying information, will not be used in association with these images.

Signature of Parent or Guardian

Date

