



Intensive  
Therapeutics INC.

Administrative Office:  
274 South Avenue  
Fanwood, NJ07023  
973-771-1582

## INFORMED CONSENT FOR THERAPY PROGRAM

I, \_\_\_\_\_, PARENT/LEGAL GUARDIAN, give  
(Circle one)

permission for, \_\_\_\_\_ to participate in Intensive Therapeutics'  
(Name of Child)

\_\_\_\_\_ on \_\_\_\_\_  
(Name of Program) Anticipated Date(s)

### Check the Box or Boxes That Apply:

I, \_\_\_\_\_, PARENT/LEGAL GUARDIAN, have  
(Circle One)  
reviewed the brochure about the program and understand the services that will be  
provided during this program.

I, \_\_\_\_\_, PARENT/LEGAL GUARDIAN, have  
(Circle One)  
discussed the program with Intensive Therapeutics' staff and understand the  
services that will be provided during this program.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Child