



Therapy Center at West Caldwell
31 Fairfield Avenue
West Caldwell, NJ 07006
973-771-1582
www.intensivetherapeutics.org

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