Intensive Therapeutics INC.

Services Location:
31 Fairfield Avenue
West Caldwell, NJ 07006
973-771-1582

Administrative Office:
70 Darlington Drive
Wayne, NJ 07470
www.intensivetherapeutics.org

INFORMED CONSENT FOR THERAPY PROGRAMS

Please complete and submit this form and prior to your child's program/service start date.

I hereby grant permission for my child to participate in _____
Name of Service(s)/Program(s)

on _____ at Intensive Therapeutics.
Anticipated Date(s)

Check all that apply:

☐ I have reviewed the brochure about the program and understand the services that will be provided during this program.

☐ I have discussed the program with Intensive Therapeutics' staff and understand the services that will be provided during this program.

_____ _____ _____
Child's Name | Parent/Guardian's Name (Print) | Relationship to Child

_____ _____
Signature of Parent/Legal Guardian | Date