Intensive Therapeutics INC.

Therapy Center at West Caldwell
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Informed Consent for Therapy Programs

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

I hereby grant permission for my child to receive/participate in the following service(s)/program(s):
(Select all that apply)

	Services & Programs	Date(s), if applicable:
☐	Evaluation; Screening/Consultation	
☐	Individual OT and/or Speech	
☐	Say & Play; SPOT On	
☐	Teen Series	
☐	IT Works (Prevocational Training Program)	
☐	Camp Helping Hands	
☐	Camp Leaps & Bounds	
☐	Individual Intensity Program	
☐	Ready, Set, RIDE! (Bike Riding Program)	

Check all that apply:

☐ I have reviewed the brochure about the service(s)/program(s) and understand the services that will be provided.

☐ I have discussed the service(s)/program(s) with Intensive Therapeutics' staff and understand the services that will be provided.

☐ I have reviewed the fee schedule and understand the cost of the service(s)/program(s) my child is receiving/participating.

Child's Name

Parent/Guardian's Name (Print)

Relationship to Child

Signature of Parent/Legal Guardian

Date