

CONSENT FOR PARTICIPATION/ INFORMED CONSENT WAIVER

Therapy conducted with Wee Talk, LLC/ Wee CommunicATE LLC/ Sensational Play LLC/ Sensory Play LLC, OT4ACHILD LLC, Treehouse Pediatric Therapy LLC, and independent contractors hired by Treehouse Pediatric LLC (together, the “LLCs” and each individually, an “LLC”) may include exercise play on therapy equipment including swings, exercise balls, children’s toys and other gross and fine motor therapy activities. Therapy may also involve feeding and play activities with a variety of textures, scents, solids and liquids. **Initial** _____

It is necessary to get your permission to allow _____
(print patient’s name) to participate in the speech-language therapy, occupational therapy, summer camps, group programs/group therapy provided by the LLC’s at your child’s preschool/school, in your home environment, and/or at 14411 Justice Road, Midlothian VA 23113.

I, _____ (patient or parent/guardian) here by release the LLCs and/or independent contractors hired by Treehouse Pediatric Therapy, LLC from any liability, claims, demands, & causes of action, now or in the future, resulting from soreness, illness, or injury however caused, occurring during or after my child’s participation in the therapy programs and group programs. I acknowledge that each individual LLC and independent contractor is individualized and not responsible for the services, actions, outcomes, or liabilities of the other LLCs. **Initial** _____

In signing this Consent for Participation/Informed Consent Waiver, I hereby affirm that I have fully read the above statements & understand the inherent risks involved with participation in speech-language therapy, occupational therapy, feeding therapy, nutritional/dietary services, summer camps/groups, and group therapy with one or more of the LLCs at the child’s preschool/school setting, the child’s home environment, or 14411 Justice Road, Midlothian VA 23113 and agree / give permission for my child to participate. I have been informed of the risks and complications that may occur and alternatives that may be available. I acknowledge that no guarantees or assurances have been made to me / my child concerning the results intended from the treatment, camps and/or programs. **Initial** _____

In signing this document, I hereby affirm that I have read and fully understand above statements.

Parent or Guardian Signature: _____ Date: _____

Patient Signature: _____ Date: _____
(If over 18 years of age)

Signer’s Printed Name: _____

Parent/Guardian Name: _____

Client’s Name: _____ DOB _____

Address: _____

Phone: _____

Email: _____