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PARENT PERMISSION AND CONSENT FORM

CHILD NAME: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ PHONE: _____ PHONE: _____
(home) (work) (cell)

PARENTAL CONSENT:

(I/We), the undersigned, parent(s) of _____
a minor, do hereby consent to said Minor participating in OCCUPATIONAL THERAPY
conducted by Creative Hands Occupational Therapy Services.

I hereby authorize Creative Hands Occupational Therapy, Inc. to submit claims and
assign on my behalf to my insurance company. I also understand that I am responsible
for any deductibles, copayments or coinsurance that are not covered by my insurance or
Medicaid if applicable and agree to pay within 30 days of invoice receipt.

I give permission to Creative Hands Occupational Therapy to evaluate and treat by the
Occupational Therapist

PARENTS OR LEGAL GUARDIAN OF MINOR:

(name) (signature) (date)

(name) (signature) (date)

I further give permission for photos or videotapes of my child's sessions to be used for
educational and/or marketing purposes.

(name) (signature) (date)

(name) (signature) (date)