

Consent to Treat Form

By signing this waiver and consent form, I, the legal parent/guardian grant permission for the client, _____, to participate in any and all therapeutic activities with Sonya Tcherevkoff of Connected OT. Because I acknowledge the risks of allowing my child to participate, I agree to release and hold harmless Sonya Tcherevkoff and its founders, owners, employees, instructors, and volunteers from any and all injury claims at the center or in the home setting. I agree to indemnify and hold Connected OT, its staff, and other clients at Connected OT harmless from any and all liability, whether or not intentional. I understand that Connected OT and its instructors may administer basic first aid in the event of a minor injury and that family members and emergency response will be called upon as deemed necessary. In the event that it becomes necessary for Connected OT staff to obtain emergency care for the client, I am aware that Connected OT does not assume financial liability for expenses incurred because of an injury, accident, illness and/or other unforeseen circumstance. I have read the foregoing and agree with it in all respects.

CAREGIVER 1

PRINT NAME

RELATIONSHIP TO PATIENT

SIGNATURE

DATE

CAREGIVER 2

PRINT NAME

RELATIONSHIP TO PATIENT

SIGNATURE

DATE

Sonya Tcherevkoff, M.S., OTR/L

Therapeutic & Family Services, Consultations, Mind/Body Wellness, Case Management

www.Connected-OT.com