



Patient Consent Form

Consent for Use of Therapy Equipment and Various Activities:

I understand that my child, _____ will be involved in therapeutic activities which may involve the use of specialized equipment such as suspended equipment and various swings, bolsters, large therapy balls, climbing structures, trampolines, scooter boards, tactile and touch media, fine motor and eye hand coordination activities. I understand the nature of, as well as, the repercussions associated with the use of these pieces of equipment or activities, as they could result in injury to my child. I give permission of my child to engage in the use of the various therapeutic activities described above, as well as, realize they may be engaging with other peers while partaking in these activities. In addition, I release PT N' PLAY PHYSICAL THERAPY INC, Evelina Ricci-Yuster, PT and all clinician's associated with her, free of all liabilities, claims, injuries, or medical bills that may occur before, during, or after therapy while using these pieces of equipment and partaking in various activities.

Signature of Parent/ Guardian

Date

Consent for Videotaping and Photography:

I understand that my child, _____ may be videotaped or photographed throughout individual treatment sessions. The purpose of this videotaping is for child, group and/or staff education, as well as, to document and monitor progress. I understand these medias are kept at and are used for any other purposes beyond the above mentioned areas. I give my consent for my child to be videotaped and/or photographed for staff education, and progress monitoring. I understand that its use and observation will be kept confidential through the staff at PT N' PLAY PHYSICAL THERAPY INC.

Signature of Parent/ Guardian

Date