



## Informed Consent and Emergency Contact Information

Movement and the use of moving equipment are integral to the therapy program at Laughing Giraffe Therapy. We will make every effort to ensure your child's safety. We do, however, want you to be aware that there are inherent risks associated with movement-based occupational therapy sessions and that it is possible for accidental injuries to occur in this environment. In addition, please be aware that physical contact between child and therapist is common in many of the treatment modalities that we provide at Laughing Giraffe Therapy.

Please provide us with emergency contact information and sign below to indicate your informed consent to provide therapy to your child. Before signing this agreement please make sure that you have had the opportunity to ask questions about this form and our services. If you do not have the full authority to sign this document independently therefore binding this agreement, please inform Laughing Giraffe Therapy before signing. In this case, the signatures of all authorized parents/guardians may be required.

I give permission for my child \_\_\_\_\_ to receive therapy at Laughing Giraffe Therapy. I have received enough information to make an informed decision as to give permission for my child to receive these services. I am legally competent and possess the mental capacity necessary to give said permission.

In the event of the need for emergency medical attention, I give my consent for 911 personnel to provide essential care to my child.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Emergency Information

**Parent/Guardian 1**

**Parent/Guardian 2**

Name:	_____	_____
Cell Phone:	_____	_____
Work Phone:	_____	_____
Home Phone:	_____	_____

#### Other Emergency Contact Person:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Child's Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any medical conditions or physical limitations?

\_\_\_\_\_

Known Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_