

Accompanying Child Form

In the event that I am not able to accompany my child, _____,
(Child's name)
for his or her therapy visits, I give my consent for:

_____/_____
(first/last name) (relationship)

_____/_____
(first/last name) (relationship)

_____/_____
(first/last name) (relationship)

_____/_____
(first/last name) (relationship)

to accompany my child for his or her therapy visits and to act in my absence.

Parent/Legal Guardian

Date / Time

Sticker