

New Client Parental Consent

*******ALLERGY ALERT*******

I, _____, hereby assert that the above named child has the following allergies: _____.

I am not aware of other allergies and I authorize Millennium Children's Therapy, to use foods, scents and textures other than those listed above.

Responsible Party Signature: _____

Relationship to child: _____ Date: _____

Photo/Video Consent

I, _____, hereby allow Millennium Children's Therapy to take photos and videos of my child _____ for therapeutic use. Photos and video will not be shared outside of Millennium Children's Therapy.

Responsible Party Signature: _____

Relationship to child: _____ Date: _____

Release of Information

I, _____, hereby allow Millennium Children's Therapy to release information related to treatment or evaluation, in writing or verbally on behalf of my son/daughter _____.

Responsible Party Signature: _____

Relationship to child: _____ Date: _____