**INFORMED CONSENT FOR PHYSICAL, OCCUPATIONAL AND/OR SPEECH THERAPY**

Physical, Occupational or Speech therapy involves the use of many different types of physical evaluation and treatment. Full Circle Pediatric Therapy, Inc. uses a variety of procedures and modalities to help us try to improve your child’s function. As with all forms of medical treatment, there are benefits and risks involved with any of these therapies.

Since the physical response to a specific treatment can vary widely from person to person, it is not always possible to accurately predict a child’s response to a certain therapy modality or procedure. We are not able to guarantee precisely what your child’s reaction to a particular treatment might be, nor can we guarantee that our treatment will help the condition you are seeking treatment for.

There is also a risk that your child’s treatment may cause pain or injury, or may aggravate previously existing conditions. You have the right to ask your therapist what type of treatment he or she is planning based on your child’s history, diagnosis, symptoms and testing results. You may also discuss with your therapist what the potential risks and benefits of a specific treatment might be. You have the right to decline any portion of your child’s treatment at any time before or during the treatment session.

Therapeutic exercises and physical manipulation are an integral part of most therapeutic treatment plans. These actions have inherent physical risks associated with them. You have the right to ask any questions regarding the type of exercise your child is performing or may perform and the right to ask questions regarding any specific risks associated with your child’s therapy. You also have the right to ask questions with regard to treatment plan expected benefits and anticipated timeframes. Your therapist will be glad to answer all of your questions.

I acknowledge that I have read the above information and that I am aware of my rights with regard to my child’s therapy evaluation, assessment and plan of care for treatment. I understand the risks associated with a program of therapy as outlined to me above, and I wish to proceed with treatment provided by Full Circle Pediatric Therapy, Inc. and its therapist(s).

Patient Name

Authorized Signature       Date

**Waiver, Release and Assumption of Risk Form For Full Circle Pediatric Therapy, Inc.**

**Occupational, Physical and/or Speech Therapy Programs**

This form is an important legal document. It explains the risks you are assuming by beginning an Outpatient Specialized Treatment program. It is critical that you read and understand it completely. After you have done so, please print your name legibly and sign in the spaces provided at the bottom.

**Waiver, Informed Consent, and Covenant Not to Sue**

I,      , have requested to receive one or more of the following Outpatient Specialized Therapy services from Full Circle Pediatric Therapy, Inc. on behalf of       (herein referred to as “This Child”): Physical Therapy; Occupational Therapy; Speech Therapy. In requesting one or a combination of these services, I have volunteered to have This Child participate in a program that may include but is not limited to physical exercise, stretching, climbing stairs, bending, resistance and other physical situations under the direction of a licensed therapist. In consideration of Full Circle Pediatric Therapy’s agreement to instruct, assist, and train this child, I do here and forever release and discharge and hereby hold harmless Full Circle Pediatric Therapy, Inc. and its respective agents, heirs, assigns, contractors, subcontractors and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with This Child’s participation in this or any therapy plan of care including any injuries resulting other than those due to undo negligence by Full Circle Pediatric Therapy, Inc. and its representatives.

THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT THAT MAY MALFUNCTION OR BREAK WHEN PRIOR WARNING WAS GIVEN OR WHEN EQUIPMENT WAS NOT USED OR MAINTAINED IN THE MANNER INTENDED OR IN THE MANNER INSTRUCTED (2) ANY SLIP, FALL, DROPPING OF EQUIPMENT (3) ANY INJURY DUE TO PATIENT OR PARENT/GUARDIAN NEGLIGENCE IN FOLLOWING INSTRUCTION OR SUPERVISION AND (4) ANY SLIP, FALL OR DROPPING OF A PATIENT INJURY DUE TO PATIENT OR PARENT/GUARDIAN NEGLIGENCE IN FOLLOWING INSTRUCTION OR SUPERVISION OR INABILITY TO FOLLOW INSTRUCTION.

**Assumption of Risk**

I,      , recognize that therapy might be difficult and/or strenuous and that there could be dangers inherent in therapy for some individuals. I acknowledge that the possibility of certain unusual physical changes during therapy does exist. These changes include abnormal blood pressure; fainting; seizures; disorders in heartbeat; heart attack; and, in rare instances, death. I understand that as a result of This Child’s participation in a therapy program, he/she could suffer an injury or physical disorder that could result in him/her becoming partially or totally disabled and incapable of performing any gainful employment or having a normal social life.

I confirm that an examination/medical clearance by my physician has been obtained prior to involvement in this therapy program. I acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which This Child participates.

I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this therapy program. I understand that results are individual and may vary.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST FULL CIRCLE PEDATRIC THERAPY, INC. FOR ANY INJURY SUSTAINED THAT IS NOT DUE TO NEGLIGENCE OF YOUR EMPLOYEES, AGENTS, OR CONTRACTORS.

Participant’s electronic signature (parent/guardian if under 18)

Date