



Playworks-Pediatric Therapy Services
12880 Hillcrest Rd. Suite 102
Dallas, TX 75230
972.387.1100 / fax 972.692.7332

I have reviewed a copy of the HIPAA private policy statement and received a copy of the office policies for **Playworks**.

Child's Name

Parent or Legal Guardian

Date

I, _____, agree to the evaluation and treatment of my child
(Parent / Guardian's Name – Printed)

_____ by **PLAYWORKS**. I give my consent for my child to
(Child's Name – Printed)

participate in all therapy activities. I understand that my child will be taking some risks in order to enhance his/her motor skills. This includes playing on/and with equipment in this office. I also understand that all therapy activities are for the individual needs of my child and that when my child takes these risks, it is within the proposed goals of my child's evaluation or therapy. I understand all efforts will be made to ensure the complete safety of my child while he/she is under the supervision of **PLAYWORKS**.

If I should leave the PLAYWORKS facility for any reason during my child's evaluation or therapy, I hereby give permission for PLAYWORKS to secure any and all medical attention to be administered to my child in the event of accident, injury, sickness, etc., until such time as I may be contacted. I also assume the responsibility for payment of any such treatment.

Signature of Parent / Legal Guardian

Date