



## CONSENT FOR TREATMENT

I, \_\_\_\_\_, consent for Star Therapy, Inc. to provide my child with Occupational or Speech Therapy services. I consent to care and treatment falling under the practice guidelines of the American Occupational Therapy Association (AOTA), American Speech-Language-Hearing Association (ASHA), and the State of Georgia. I acknowledge that there is always a risk of injury with any therapy involving physical activities.

In the case, I am unable to accompany my son/daughter for treatment (e.g., in school setting) I hereby authorize Star Therapy, Inc. to administer Speech or Occupational Therapy care deemed necessary for this course of treatment.

Child's Name : \_\_\_\_\_ DOB: \_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_\_