

Development is CHILD'S PLAY!

AN EVALUATION AND TREATMENT CLINIC FOR CHILDREN NEEDING EXTRA HELP

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Director

Emergency Medical Release

In the event that I am absent or otherwise unable to provide consent, I give my permission for the staff at *Development is CHILD'S PLAY!* to seek emergency medical attention for my child _____.

Special instructions in an emergency:

_____ Signature of parent/legal guardian	_____ Print name	_____ Date
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_____ Other parent, if required	_____ Print name	_____ Date
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Transportation Release

I give permission for my child, _____, to leave occupational therapy with the follow individuals (please list names of all relatives, sitters, or friends):

_____ Signature of parent/legal guardian	_____ Print name	_____ Date
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_____ Other parent, if required	_____ Print name	_____ Date
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