



iYour Fun and Learning Spot!

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AUTHORIZATION AND RELEASE FORM

I, _____, patient/client legally authorize, PLAY PALS THERAPY, INC. to evaluate _____ for speech language pathology/occupational therapy services. I also authorize **PLAY PALS THERAPY, INC.** to release medical and speech language pathology/occupational therapy records to _____.

Patient name

Date

Parent or legal guardian Date

TREATMENT AUTHORIZATION

Having a condition requiring diagnostic and treatment, I do hereby voluntarily consent to such diagnostic procedure and treatment by **PLAY PALS THERAPY, INC.** I am aware that therapy is not an exact science and I acknowledge that no guarantees have been made to me as a result of treatment. I have read this form and certify that I understand its full content.

Patient name

Date

Signature-Relation to Patient

Date