



Intensive
Therapeutics INC.

70 Darlington Drive
Wayne, NJ 07470
973-771-1582

CONSENT FOR EVALUATION AND/OR TREATMENT

I, _____, PARENT/LEGAL GUARDIAN, give
(Circle one)

permission for, _____ to receive an OT/PT evaluation
(Child's Name) (Circle One)

on _____.
(Anticipated Date)

I, _____, PARENT/LEGAL GUARDIAN, give
(Circle one)

permission for, _____ to receive OT/PT treatment
(Child's Name) (Circle One)

on _____.
(Anticipated Start Date)

Parent/Legal Guardian Signature

Date

Relationship to Child