



Development is CHILD'S PLAY!
Where Fun and Function Go Hand-in-Hand

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:

Emergency contact info for parent(s):

Signature of parent/legal guardian

Print name

Date

Other parent, if required

Print name

Date

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

Other parent, if required

Print name

Date