



## Consent for Services

I authorize OT4LIFE to render appropriate evaluation and therapy services to the client named below in accordance with state and federal laws. I understand that care will be provided by a qualified, licensed, and trained health professional. I recognize, agree and understand that I have the right to refuse treatment or terminate services at any time by contacting OT4LIFE in writing. In addition, OT4LIFE may terminate services by notifying me in writing.

I do not give my consent or am withdrawing my consent regarding OT4LIFE rendering evaluation and therapy services to the client named below.

\_\_\_\_\_  
Name of Child/Client

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Signature of Parent or Guardian/Legal Representative

\_\_\_\_\_  
Relationship to Child/Client

\_\_\_\_\_  
Date