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### Informed Consent and Emergency Information

Movement and the use of moving equipment are integral to our therapy programs. We will make every effort to ensure your child's safety. We do want you to be aware, however, that it is possible for accidental injuries to occur in this environment. In addition, please be aware that physical contact with the therapist is common in our therapy programs.

Please provide us with emergency contact information, and sign below to indicate your informed consent to provide occupational therapy services for your child. If the parents are divorced, the signatures of both parents are required. Thank you.

\_\_\_\_\_  
Parent signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature \_\_\_\_\_  
Date

Parents' names and contact information:  
Parent One Parent Two

Name \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Pager \_\_\_\_\_

#### Emergency Contact Information, if parents cannot be reached

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Numbers \_\_\_\_\_

Does your child have any medical conditions or physical limitations/precautions?  
\_\_\_\_\_

Any allergies? \_\_\_\_\_