



**OCCUPATIONAL/PHYSICAL THERAPY  
CONSENT TO TREAT**

I hereby consent to evaluation and/or treatment of my child \_\_\_\_\_,  
Name of Child  
by licensed Occupational and or Physical therapist, employed by or under contract with Powerhouse  
Therapy. The Occupational/Physical therapist has fully explained to me the nature and purposes of the  
procedures, as well as that there is no guarantee that the proposed course of treatment will improve my  
child's condition. I have been given an opportunity to ask questions and all my questions have been  
answered to my satisfaction. I confirm that I have read and fully understand this consent form.

Parent/guardian: \_\_\_\_\_ Print name: \_\_\_\_\_  
Signature

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby certify that I have explained the nature, purpose, benefits, risks of, and alternatives to the proposed  
evaluation and treatment, and have offered to answer any questions and have fully answered all such  
questions. I believe that the patient/relative/guardian fully understands what I have explained and answered.

Therapist: \_\_\_\_\_ Date: \_\_\_\_\_