



Consent Form

I, _____, agree to the proposed evaluation and treatment for my child, _____, I hereby give my consent as legal guardian for Children's Therapy Associates, Inc., (CTA, Inc.) to complete an assessment deemed appropriate. I also agree to CTA, Inc. providing treatment to my child, _____, as determined by his evaluation. I pledge to participate in my child's treatment plan as indicated on his plan of care set forth following his evaluation.

Cancellation Policy

Parents must call/notify CTA if your child is unable to attend his/her therapy appointment. Cancellations must be made 24 hours in advance. Regular payment for the therapy session will be required if CTA is not notified in advance of your child's absence. I, _____, have been made aware of CTA/s cancellation policy.

Parent/Legal Guardian Signature

Date: _____

Therapist

Date: _____