



## CONSENT FORM

Child's Name: \_\_\_\_\_

Please initial each item below to indicate that you have read and understand its provisions.

I hereby grant my permission for my child to leave the premises of Great Strides Rehabilitation, Inc. to participate in supervised field trips and also to be transported in an employee's vehicle.

\_\_\_\_\_

I hereby give my permission for Great Strides Rehabilitation, Inc. to take photographs, videos, etc. of my child and use them for educational & marketing purposes.

\_\_\_\_\_

I hereby give my permission to the staff of Great Strides Rehabilitation, Inc. to take whatever emergency measures as judged for the care and protection of my child while under their supervision.

\_\_\_\_\_

In the event that I, or another parent or guardian, cannot be reached at the time of illness or accident, or the emergency is such that time does not permit contact, I authorize the staff of Great Strides Rehabilitation to take my child to the physician designated below:

\_\_\_\_\_

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

If the physician cannot be reached, I give the staff permission to seek emergency medical attention by another licensed physician or at the nearest hospital.

\_\_\_\_\_

\_\_\_\_\_  
PARENT OR GUARDIAN

\_\_\_\_\_  
DATE