

**AGREEMENT FORM
PEDIATRIC OUTPATIENTS**

Parents: Please sign A and B (if applicable), and return with Medical History Form(s).

A. ATTENDANCE POLICY

Date: _____

I have received a copy of the New Patient Information Flyer and have reviewed the attendance and cancellation section. I understand my child may be unable to receive continued therapy if compliance with the attendance and cancellation policy is not followed.

Signature Parent or Guardian

B. PERMISSION TO TREAT

Date: _____

I have read and understand the safety policy of Onslow Memorial Hospital Outpatient Rehabilitation Services Department regarding the treatment of my minor child(ren) in my absence.

My child, _____ may receive therapy at Onslow Memorial Rehabilitation Center in my absence. I have appointed _____ known to me as: *(circle) a friend neighbor relative,* to transport my child to therapy and to remain on premises at Onslow Memorial Rehabilitation Center for the entire time my child is in therapy. In the event of an emergency, I can be reached at _____

I understand that any changes in the above information will require an updated form. I also understand that I am required to return at the first visit of each new month to sign the necessary forms.

Signature: Parent / Guardian

Witness

