



CONSENT TO TREAT

I, _____ consent for *The George Center for Music Therapy, Inc.* to provide my child, _____ with Music Therapy services. I consent to care and treatment falling under the practice guideline of the American Music Therapy Association (AMTA), and the State of Georgia. I acknowledge that there is always a risk of injury with any therapy involving physical activities.

PARENT/GUARDIAN SIGNATURE

DATE

PRINTED NAME

PERMISSION FOR EXCHANGE OF INFORMATION

I authorize *The George Center for Music Therapy, Inc.* to release necessary and pertinent medical information to physicians, case managers, and insurance companies as needed for my child, _____.

Approved information may be exchanged with the following people *directly* related to my child's care:

- Other Therapists
- School Name: _____
- Please list any other's: _____

Approved information includes **written documents** and/or **verbal discussion**.

PARENT/GUARDIAN SIGNATURE

DATE

PRINTED NAME