



PERMISSION FOR PARENT TO LEAVE SITE DURING TREATMENT

I _____ (Parent or Legal Guardian) acknowledge that I am the parent of _____ (Name of Child). I understand that while my child is receiving therapy I may leave the premises. However, I will give *The George Center for Music Therapy, Inc.* a working cell phone number where I can be reached during my absence. In addition, I agree that I will not travel more than 10 miles from the satellite and I will return prior to the end of the session. I give consent and permission to *The George Center for Music Therapy, Inc.* for any additional treatment or transportation that may be needed in the event that my child is injured or needs medical attention. I understand that a failure to comply with the requirements listed above will result in immediate revocation of this ability. Also, I understand that the ability to continue to leave the premises while my child is at therapy is at the discretion of *The George Center for Music Therapy, Inc.* and/or my child's therapist.

I hereby release *The George Center for Music Therapy, Inc.*, and any agents or assignees, from any and all claims for damages related to my leaving the premises during my child's therapy.

PARENT/GUARDIAN SIGNATURE

DATE

PRINTED NAME

CELL PHONE #

SECONDARY EMERGENCY CONTACT

PHONE #