

## PARENT/GUARDIAN CONSENT TO TREAT A MINOR

I,	, being the
parent/guardian of	
do hereby authorize the staff of Happy Hands Therapy Servio	ces to perform
therapy services that the Occupational Therapist may indica	te during the
evaluation process until this consent is dissolved in writing o	or your child is
discharged from therapy.	

<u> </u>	/	<u> </u>
Parent	/Legal	Guardian

Relationship

Date

**HHTS Witness**