



“Gaining Skills for Life!”

Informed Consent Form

I _____ (Parent/Guardian - please print)
of _____ (Child's name) hereby, authorize and give my
permission and consent to 7 Senses Therapy, LLC to perform evaluations, therapeutic
treatments, and/or area specific classes as prescribed by a physician and/or recommended by a
7 Senses Therapy, LLC Occupational Therapist for the above named child. I acknowledge and
understand that there may be some inherent risk involved in the use of therapy equipment
and/or therapeutic services. I agree to assume such risk and indemnify and hold 7 Senses
Therapy, LLC and any and all employees harmless from any and all losses and claims for any
injuries or other damages occurring to myself, my child, and/or our belonging.

I understand that I will be informed of the recommended services of the above named child. I
understand that I may discontinue services at any time. I acknowledge and agree that a parent
or legal guardian must be present or on the premises during each session, unless I have signed
the drop off release form.

I have carefully read and reviewed this Informed Consent Form and have had my questions
answered by the 7 Senses Therapy, LLC Occupational Therapist if necessary.

Current 2021 Studio Services and Prices (prices are subject to change)

1. Initial Evaluation Standardized (\$299.00), report, POC, goals, and scores provided.
2. Skills treatment sessions (\$71.99-79.99)
3. Quick questionnaire assessment: development, sensory and behavior: \$39.99
4. Classes: fine motor, sensory motor, Kindergarten Readiness: \$59.99
5. Consultation: \$21.50 per 15 min

X _____
Signature of Parent/ Legal Guardian

Date