

CHILD'SPLAY THERAPY CENTER

**3057 Lorna Road Suite 220
Birmingham, Alabama 35216
(205) 978-9939**

I, _____, hereby give consent to Child'sPlay Therapy Center, to conduct a
Speech, Occupational, Physical therapy (circle) evaluation and to provide therapy as needed for my child,
_____.

I agree to a \$30.00 fee if I am a "no-show" for a therapy appointment. I understand that a 24 hour
cancellation is required prior to therapy appointment.

Parent/Client/Legal Guardian

Date: _____

Witness

Date: _____