HELLO@ABILITYTHERAPIES.COM

07444 723074

OAK LODGE FARM, LEIGHMANS ROAD, BICKNACRE, CM3 4HF

CONSENT FORM

CHILD/YOUNG PERSONS NAME: _____

DOB: ____/____/____

HOME ADDRESS: _____

_____

_____

PHONE: _____

E-MAIL: _____

☐ I, the Parent/Guardian (delete as appropriate), consent to Physiotherapy assessment and treatment of the above-named child as deemed appropriate by the named Physiotherapist working on behalf of Ability Therapies Ltd.

☐ I have had the opportunity to ask any questions I have prior to assessment and/or treatment.

☐ I am aware I am liable for fees as set out within Ability Therapies Ltd. terms and conditions paper copy available on request.

☐ I am aware of the following cancellation charges (extenuating circumstances will be taken into consideration):

- 50% at full rate for less than 48 hours notice
- 100% at full rate for less than 24 hours notice

- I consent for photographs and videos to be taken and used for the following purposes (tick all that apply): Physiotherapy Programme ☐ Physiotherapy Records ☐ Teaching purposes ☐
- I consent ☐ / do not consent ☐ for photographs and videos to be used for marketing/social media purposes by Ability Therapies Ltd.
- I consent ☐ / do not consent ☐ for Ability Therapies Ltd. to share appropriate confidential information with other service providers working in connection with the care of the above-named child.

☐ I am aware my consent is voluntary and that I am able to withdraw consent at any time.

NAME: _____

SIGNED: _____ DATE: _____