



We thank you for choosing 7 Senses Kids as your occupational therapy provider. We are so happy to be working with you! Our mission is to provide excellent individualized therapy services to achieve functional skills, increased independence, and future dreams. We work with children of all abilities, so they can gain skills for life!

We have been serving the Brevard Community for 11 years and have over 40+ years of combined pediatric experience and knowledge! Our therapists are kind, caring, energetic, passionate, creative and ready to serve your family! We are also known for our outstanding Animal Assisted Therapy Program with our Certified Facility Dog, Aloha. We received her from Canine Companions for Independence in July of 2020. Please let us know if you are interested in this program at no additional charge.

PHOTO CONSENT/RELEASE:

I consent and authorize 7 Senses Therapy, LLC to take and or display photographs and or videos of my child for training, publication, website and/or social media purposes free of compensation.

_____initial.

Here is what we ask of you in order to keep everyone as safe and healthy as possible.

- 1. Please keep your child home if they have a fever or are feeling unwell. We are happy to reschedule them.**
- 2. Please have your child wear GRIP socks to the studio as they are required. You will be charged 3.99 for a pair from us if needed.**

Please sign for understanding _____ Date: _____

DROP OFF (Optional)

Child's Name: _____

Guardian's Name: _____

Guardian's Cell: _____ Home phone: _____

Emergency Contact: _____ Em. Phone: _____

I understand that drop off time for therapy is for the duration of the therapy session only, and my child must be picked up immediately at the end of the session on time. **There is a 5.00 late fee charge.**

Liability Release:I, the undersigned parent or legal guardian, release 7 Senses Therapy, LLC (7 Senses Kids) or any other person acting on their behalf, from liability for any bodily injury sustained and loss or damage of any personal article while on the premises or participating in any activity at 7 Senses therapy, LLC. I also permit 7 Senses Therapy, LLC to seek medical treatment as deemed appropriate through EMS/911 and/or local hospitals if necessary when the undersigned parent or legal guardian is not present.

Guardian Signature _____ Date: _____

We thank you for your understanding and are very excited to begin therapy! If you have any questions please contact the OT Studio at 7sensestherapy@gmail.com, 321-255-7779 or your therapist directly via their 7 Senses Email or their phone.