Kay and Jim Morrissey Advanced Therapy Center
1100 East Market Street
502.596.1141 Fax 502.596.1441

Therapy Pool Consent Form

To be signed by a Physician, Nurse Practitioner or Physician's Assistant

Date _____

Participant's Name _____ Birthdate _____

Parent/Guardian (if under 18) _____

Patient Phone _____ Gender M F Race _____

Address _____

City _____ State _____ County _____ Zip Code _____

PHYSICIANS: Please fill out the following and sign.

I approve the use of the Advanced Therapy Center Pool for _____ for therapy. In my opinion, it would be in his/her best interest to use this heated pool (89-92 degrees). This permission is valid for 12 months.

_____
MD/NP/PA NAME (Please print)

_____
MD/NP/PA SIGNATURE

_____
MD/NP/PA ADDRESS

_____
MD/NP/PA PHONE

This form must be signed by a Physician, Nurse Practitioner or Physician's Assistant, and will be kept on file in the office at the Advanced Therapy Center at Home of Innocents. It may be delivered in person or by fax machine.

PARTICIPANTS: Please read and sign.

I understand that participation could include actions or tasks which might be hazardous to the participant. By signing below, I assume any risk of harm or injury which may occur to the participant due to their participation in the event or activity. I release Home of the Innocents, Inc. from all liability, costs and damages which may arise from participation in any event or activity at the Kay and Jim Morrissey Advanced Therapy Center Pool.

If the participant is a minor, I agree that he/she has my consent to participate in any event or activity. I further provide my consent for Home of the Innocents, Inc. to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for costs related to emergency treatment.

_____ _____
PARTICIPANT (OR GUARDIAN IF UNDER 18) SIGNATURE DATE