



30252 Tomas Suite 100, Rancho Santa Margarita, CA 92688 Ph: 949-459-1658 Fax: 949-459-1667

Consent to Participate/Release of Liability

Child's name: _____

DOB: _____

I have consented to participate in this program with the understanding that I am personally responsible for the health, welfare, and safety of myself and my child/children as well as all other's in my care or family during home visits or while on the premises of 30252 Tomas Suite 100, Rancho Santa Margarita, CA, 92688 and during program and or social related activities. I hereby release Rainbow Kids Achievement Center, staff, and any and all others associated with the program from such responsibilities and liabilities.

As the child's parent or legal guardian, I hereby grant permission for the specialist at Rainbow Kids Achievement Center to render to my child requested therapy and/or intervention including evaluations, therapeutic activities, educational activities, and other procedures and/or treatments prescribed by my physician and my child's therapists as is necessary in their judgment.

This consent will stay in effect until revoked by me.

I have read and understand Rainbow Kids Achievement Center's Consent to Participate and Release of Liability.

Parent/Guardian Signature

Date

Date:
Consent to Participate/Release of Liability