

Parent / Guardian / Authorized Agent Release

Parental / Guardian Release

I (print name) _____ (Parent / Guardian) have determined through due diligence I believe is necessary to ensure the health and welfare of my child or guardian dependent _____ has my consent to proceed.

YES / NO I have sole discretion to make appointments.

If not, who else may _____ Relationship to Parent Guardian _____

By signing below I understand I also agree to the following:

- I am ultimately responsible for all charges (no call / no show, retail, and sessions)
- I have completely read the policies and costs involved in treatment and agree to them.
- The information provided to Tony Schwartz Bodywork LLC on the intake form is correct to the best of my knowledge.

Should Tony Schwartz Bodywork LLC need to contact me they may use the following information:

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

E-mail: _____

Authorized Agent Release

I _____ provide my authorized agent _____ the following information about my myself:

YES / NO	Treatment Records	YES / NO	Dates of Service
YES / NO	Balances / Payments	YES / NO	Make or Cancel Sessions

EVERYONE SIGNS HERE _____ **Date:** _____

*This release expires upon a minors 18th birthday unless adult guardianship is declared.

*Under HIPPA with select circumstances some information may not be shared between the Tony Schwartz Bodywork LLC and the Parent / Guardian / Authorized Agent.