

## Commitment Form

All fields on this consent form need to be filled in and the bottom of the page signed and dated for your initial appointment to be confirmed.

Child's Name	Surname	First Name	Middle Initial
Date of Birth	DD/MM/YYYY		
Parent's/ Carers Name	Mother/ Carer		Father / Carer

**PRIVACY: I give consent to OTFC to discuss and send relevant information regarding my child with the following professionals:**

	Email	Phone
Childcare/Kindy/School		
Paediatrician		
Speech Pathologist		
Psychologist		
Other		
Other		
Other		

## OTFC Terms and Conditions

Please initial next to each condition to indicate you have read & understood the following. Your Initial Appointment cannot be confirmed until you return all of this paperwork and provide your credit card details. IF OTFC has not received this paperwork within 24 hours of your appointment, it will be automatically cancelled and given to a family on the waitlist. We thank you in advance for your co-operation.

	Signature
1. I agree to pay in full all fees charged on the day of each service	
2. I understand a cancellation fee of \$120 will be charged in the event of a non-arrival or appointment cancellation after 5pm for the following day's appointment for an initial assessment and no score sheets or report will be given unless both appointments are attended and paid for.	
3. I accept and understand the registration fee* for all treatment sessions and will remit all missed appointments.	
4. I agree to not bring my child for their appointment if they are unwell or contagious.	
5. If an account remains unpaid for a period of 30 days, OTFC reserves the right to pass the debt to a collection agency of their choice and if necessary, to take legal action to recover the debt. Debt recovery costs including legal fees will be included.	
6. Failure to inform OTFC of current NDIS status (self managed) will lead to you having to pay back for all past services.	

Parent / Carer Name	
Parent / Carer Signature	

**\* What is The Registration Fee:** For each planned session a registration fee of \$30 will automatically be invoiced to families regardless of sickness, holidays or other events scheduled or unscheduled. If a child attends their session, this fee will be absorbed into their payment with no extra charge. If there is a non-attendance or cancellation (for any reason), the \$30 fee will automatically be invoiced with payment expected within 7 days. The fee cannot be deducted from NDIA/ Medicare funding and will therefore be the parent/carers responsibility. If a make-up session can be done within the week or fortnight, this fee will not be charged.

### Credit Card Authority:

<b>Parent /Carer (s) Name:</b>			
<b>Credit Card Type:</b>	MasterCard / Visa	<b>CCV No:</b>	
<b>Credit Card No:</b>			
<b>Expiry Date:</b>			
<b>Amount</b>	\$		
<b>Name on Card:</b>			
<b>Signature:</b>			

### Liability Disclaimer

By agreeing to participate in the Occupational Therapy sessions, the individuals, groups, family members, or others who may participate in the individual, group or school based Occupational therapy Sessions ("Therapy") provided by the Occupational Therapists at Occupational Therapy For Children ("OTFC"), hereby release and forever discharge OTFC, its officers and employees from any and all actions, claims and demands for, upon or by reason of any damage, loss or injury, which may be sustained by participating in the Therapy.

This release extends and applies to, and also covers and includes, all unknown, unforeseen, unanticipated and unsuspected injuries, damages, loss and liability and the consequences thereof, as well as those now disclosed and known to exist. The provisions of any state, federal, local or territorial law that releases shall not extend to claims, demands, injuries or damages which are known or unsuspected to exist at this time to the person executing the release, are hereby expressly waived.

It is further understood and agreed that participation in the Therapy is not to be construed as an admission of any liability and acceptance of assumption of responsibility by OTFC, its officers and employees, for all damages and expenses for which OTFC, its officers and employees, become liable as a result of any alleged act of the participant.

Name of Organisation	Occupational Therapy For Children
Name of Client	
Signature Parent/Carer	
Date	

All OTFC clients must complete this liability disclaimer before their Initial Assessment Appointment.