

Consent to Treat

I, _____ consent for Helping Hand Center to provide _____
(Guardian) _____ (my child)
_____ with Music Therapy services. I consent to treatment falling under
the practice guideline of the American Music Therapy Association (AMTA), and the State of
Illinois. I acknowledge that there are risks of psychological and physical effects with any
therapy and I will not hold the therapist liable within the normal treatment methods.

Self/Parent/Legal Guardian

Date

Self/Parent/Legal Guardian

Date

Child over the age of twelve

Date

