



3731 SIXTH AVENUE, SUITE 103  
SAN DIEGO, CALIFORNIA 92103

PHONE: (619) 295-4500  
FAX: (619) 278-0885

DEVELOPMENTAL THERAPY CENTER

Authorization and Release Form

Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_ or \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Attended (if any): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Current medical Provider and Plan: \_\_\_\_\_

People allowed to pick your child up and relationship: \_\_\_\_\_

Other services your child is receiving: \_\_\_\_\_

Last Date of complete physical examination: \_\_\_\_\_

Last Date of eye examination: \_\_\_\_\_ Hearing examination: \_\_\_\_\_

Has your child experienced frequent colds, ear infections or other illnesses (please explain): \_\_\_\_\_

Has your child had any serious illnesses, high fevers, convulsions or hospitalizations (explain): \_\_\_\_\_

This child is (circle): biological adopted foster other \_\_\_\_\_

Was the child delivered full term or prematurely? \_\_\_\_\_

Were there any complications experienced during pregnancy, labor or delivery (explain):  
\_\_\_\_\_

Baby's birth weight: \_\_\_\_\_ Apgar score: one minute \_\_\_\_\_ Five minutes \_\_\_\_\_

What age did your child:

Roll: \_\_\_\_\_ Crawl: \_\_\_\_\_ Sit: \_\_\_\_\_ Pull to Stand: \_\_\_\_\_  
Stand alone: \_\_\_\_\_ Walk: \_\_\_\_\_ First word: \_\_\_\_\_ First sentence: \_\_\_\_\_  
Feed self: \_\_\_\_\_ Dress self: \_\_\_\_\_ Toilet trained: \_\_\_\_\_

Current Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_(initial) I/We the undersigned and parents/guardians of \_\_\_\_\_, hereby authorize developmental therapy center and any of it's agents, employees, independent contractors or persons acting under its direction to watch, interact, provide therapy for, and teach the child, without holding DTC liable in the case of an emergency. If for any reason, an injury occurs to the child on DTC property, I/We, \_\_\_\_\_, release DTC from any kind of liability

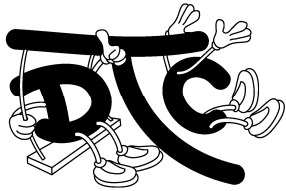
\_\_\_\_\_(initial) If the safety of the child or a DTC staff member is threatened from aggressive behavior of the child, I/We allow DTC staff member to control the behavior using therapeutic crisis intervention (restraint). I/We release DTC from any kind of liability resulting from these matters.

\_\_\_\_\_(initial) There may also be times when DTC will want to video tape or photograph your child and time spent with them for educational, therapeutic or promotional reasons. Initialing here provides release to use these photos or videos.

\_\_\_\_\_(initial) If for any reason, some kind of emergency should happen to or in the building while your child is in the care of DTC, we will bring the child with us to a safe location and call the "Emergency Contact Number" which you left for us so we can determine a safe place to reunite you and your child. If no one is available at the Emergency Contact Number, and an emergency does arise, I/We give DTC permission to contact Emergency Care Professionals.

By signing below, I/We verify that I/We have read, acknowledged and understand the information on the "Authorization and Release form".

Name (s): \_\_\_\_\_



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Signature: \_\_\_\_\_

Date: \_\_\_\_\_