Centegra HealthSystem
ALWAYS LOOKING AHEAD℠

MILESTONES THERAPY CENTER

394 Federal Drive, Crystal Lake, IL 60014
Phone: (815) 459-3810 Fax: (815) 356-3550
www.milestonestherapycenter.com

Medical Release and Liability Form

PATIENT INFORMATION												
Patient Name:							DOB	DD		MM		YY
Parents\Guardian Name												
Address Street												
Address City-State-Zip	City				STATE			ZIP+4				
Telephone Number:				Cell Phone Number								
EMERGENCY CONTACTS (1)												
First Name					Last Name							
Address Street												
Address City-State-Zip	City				STATE			ZIP+4				
Telephone Number:				Cell Phone Number								
EMERGENCY CONTACTS (2)												
First Name					Last Name							
Address Street												
Address City-State-Zip	City				STATE			ZIP+4				
Telephone Number:				Cell Phone Number								
PHYSICIAN INFORMATION												
Primary Physician Name												
Address Street												
Address City-State-Zip	City				STATE			ZIP+4				
Telephone Number:				Fax Number								

Functions and Activities

I understand that participating in Therapy Treatment, recreation and other

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activities of Milestones Therapy Center PC is by Parent/Guardians choice. Prior to my participation in such activities, I acknowledge that there are certain risks associated with these activities, including, by way of example, physical injury due to activity-related accidents, physical injury. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Permission and Waiver Form I as the Parent/Guardian I expressly warrant that this child named above as a participant, is capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks to the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release Milestones Therapy Center and its employees, contractors and volunteers from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives or assigns may have against Milestones Therapy Center and its employees, contractors and volunteers. I further agree to indemnify and hold harmless Milestones Therapy Center and its employees, contractors and volunteers from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of Milestones Therapy Center to seek and secure any needed medical attention or treatment for the child named above, if in the agent's opinion such need arises. In doing so; Parent or Guardian agrees to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment. In case of a seizure, specific seizure plan established by the parent\legal guardian will be followed. The said seizure plan has to be submitted to Milestones Therapy Center along with this form by the parent or legal guardian.

PARENT\GUARDIAN CONSENT

For use if the Participant is a Minor

I represent that I am the parent/guardian of the child listed above, who is

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under 18 years of age. I have read the above Permission and Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of Milestones Therapy Center PC. I hereby consent to the Permission and Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission and Waiver Form shall be binding upon me and my estate.			
Signature of Parent or Legal Guardian		Date	
Print Name of Parent or Legal Guardian			