

CONSENT TO FEED MY CHILD DURING THERAPY

Child's Name _____

Child's Birthdate _____

I, _____, authorize _____
to provide food to my child to eat during the course of psychotherapy.
I understand that this practice may or may not be regularly followed.

_____ My child has no food allergies.

_____ My child is allergic to the following foods:

I agree not to hold the therapist responsible for any allergic reaction my child has to any foods not listed above, or for the consequences of other mishaps that it can be shown that common and reasonable safety precautions have been followed in preparing and serving the food, and my child's eating of the food. This agreement supplements all previous agreements.

Signature of Parent or Guardian

Date

Signature of Therapist