



Piedmont Music Therapy, LLC

Permission To Leave Site

Client or Student's Name: _____

I, _____ (Parent or Guardian), acknowledge that I am the parent/guardian of _____ (Client/Student). I understand that while the client is engaged in their appointment, I may leave the premises. I have given *Piedmont Music Therapy, LLC* a working cell phone number where I can be reached at any time during my absence. In addition, I agree that I will return no less than 5 minutes prior to the end of the session or lesson. I give consent and permission to *Piedmont Music Therapy, LLC* for any additional treatment or transportation that may be needed in the event that the client is injured or need medical attention. Also, I understand that the ability to leave the premises is at the discretion of *Piedmont Music Therapy, LLC* and the client's music therapist.

I hereby release *Piedmont Music Therapy, LLC* and any agents or assignees, from any and all claims for damages related to my leaving the premises during the client's appointment.

Signature

Date

Printed Name

Cell Phone Number

Secondary Emergency Contact

Phone Number