



O Therapy Services, LLC
800 Kensington, Suite 100
Missoula, Montana 59801
Phone: 406-239-5820
Fax: 406-924-7292
otherapyservices@gmail.com

Emergency Contact Information

Date: _____

Child's Name: _____

Primary Caregiver's Name: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Emergency Contact's Relationship to Child (aunt, friend, etc.): _____

Allergies: _____

Medications: _____

Doctor's Name: _____ Phone Number: _____



Please sign below to indicate that you were given a copy of O Therapy Services' "Notice of Privacy Practices" including information about your "certain rights regarding your health record information".

Client Signature

Date

Printed Name

Parent/Guardian Signature

Date

Printed Name