



FULL CIRCLE PEDIATRIC SOLUTIONS
P: 701-478-0221
F: 701-478-0222

4725 AMBER VALLEY PARKWAY, SUITE B,
FARGO, ND 58104
FULLCIRCLEPEDIATRIC.COM

Consent for Services

I authorize Full Circle Pediatric Solutions to render appropriate evaluation and therapy services to the client named below in accordance with state and federal laws. I understand that care will be provided by a qualified, licensed, and trained health professional. I recognize, agree and understand that I have the right to refuse treatment or terminate services at any time by Full Circle Pediatric Solutions in writing. In addition, Full Circle Pediatric Solutions may terminate services by notifying me in writing.

I do not give my consent or am withdrawing my consent regarding Full Circle Pediatric Solutions rendering evaluation and therapy services to the client named below.

Print Name of Client

Date

Client Date of Birth

Signature of Client or Legal Representative

Relationship to Client