



Oshkosh Marriage and Family Therapy Center LLC
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Parental Release Form to Have Child(ren) Watched During Group Sessions

This document states that you have been informed and have consented to allow your child(ren) to be watched by Shane Anderson, who is not a certified child care provider. By signing this document, you are consenting to allow him to watch your said child(ren) in the play therapy room just down the hall from the group therapy session.

Shane Anderson has signed a document stating he will maintain your confidentiality via HIPAA laws. Shane Anderson will not be expected to feed your children, however if you bring snacks along, he can be sure that they eat those snacks. Shane Anderson is not responsible for changing dirty diapers. Should your child(ren) need to be changed he will interrupt your group session and notify you so that you can perform that task.

I have read and understand this document and have asked any questions I have regarding the above information. I agree to participate in treatment under the conditions described. By signing this form I:

1. Give consent for services.
2. I acknowledge that I have been informed about my rights and responsibilities.
3. Understand that this consent is valid for one year from the date I sign and that I may withdraw my consent either verbally or in writing at any time.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Therapist Signature & Title: _____ Date: _____

Please List Additional Information [Name(s) of child(ren), any allergies to be aware of, etc.]: