



# NISHA PILLAY

## OCCUPATIONAL THERAPY

Bsc (OT) WITS

Sensory Intelligence® Practitioner; NDT and F.C.E. Trained

P r . N o . : 0 4 9 0 6 5 2

### IDEMNITY FORM

I, Mr/Mrs \_\_\_\_\_ (client/ parent/guardian/family member) hereby give consent for myself/ my child/ the client, \_\_\_\_\_ (the client's full name) to participate in occupational therapy. I understand that although the necessary precautions for the client's safety and well-being will be adhered to at all times. I fully accept that all activities will be done at the clients own risk. I confirm that I have read, understand and agreed to the terms and conditions outlined in this document and that I have asked all relevant questions and that they have been answered to my satisfaction. I therefore agree on behalf of myself, my executors, my spouse and my client to give full indemnity to the therapist and the practice in which he/she will receive occupational therapy. Full indemnity will include any claim against the therapist or establishment for a loss of any nature or severity. I understand and accept the conditions of the therapy and indemnity for the client as stated as above.

SIGNATURE OF PARENT/ GARDIAN: \_\_\_\_\_

SIGNATURE OF THERAPIST: \_\_\_\_\_ DATE: \_\_\_\_\_