



On

Release of Liability

I understand that it is preferred that I or another parent/guardian be at home during therapy hours; however, due to work and therapy schedules this may not be possible. I, _____, give permission for the employees of On the Spectrum to work with my child, _____, alone at home. I understand that the employees of **(OTS) On the Spectrum** are responsible only for the aforementioned child and not for any other child in the home. If an accident occurs while my child and **OTS (On the Spectrum)** employee are alone, I release On the Spectrum (and its employees) from any liability. I understand that I will be contacted immediately if an accident occurs.

If my child is not home alone, I am designating responsibility of care to _____ . This releases **OTS (On the Spectrum)** staff from any liability or responsibility of my child's care while I am not home.

- *I am releasing liability for:*
 - *OTS employee to be home with my child without my presence*_____

Printed Name

Parent/Guardian Signature

Date

OTS (On the Spectrum)