



Avon Therapeutic Center
for Children, LLC

Informed Consent Form

(Please print, complete, and mail/fax to Avon Therapeutic Center for Children, LLC)

Acknowledging the fact that there is a sense of urgency in initiating the medical interventions, and weighing the risks, which are little, versus the significant potential benefits, I (Parent / Guardian) _____ give consent to Dr. Eileen C. Comia to administer biomedical interventions to (Name of Patient) _____. I will not hold responsible Dr. Eileen C. Comia, the Avon Therapeutic Center for Children, LLC, nor any of the Center's staff or any other person associated with the medical intervention, for the physical and/or behavior problems as well as any injury to him/herself, any injury to another person (including myself), and/or any form of emotional distress experienced by my son/daughter and/or by another person.

I have read, understood, and agree with the information presented in this Informed Consent form.

(If you agree in the administering of medical interventions, please fill out the lines above, sign, and return this informed consent page. A signed consent form means that you have read and understood the potential risks and benefits, and that you agree to have your child receive biomedical interventions for autism and autism-related disorders. This form will be reviewed with you on your initial visit to the Center.)

Signature of Patient: _____ Date: ____ / ____ / ____

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

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