



■ VR Play Therapy Consent & Release Form

Child's Information

Full Name:	_____		
Date of Birth:	_____	Age:	_____
Parent/Guardian Name:	_____		
Phone Number:	_____		
Email:	_____		
Hospital Name:	_____		
Room Number:	_____		

VR Play Therapy Program

Patricia Haley Charity offers Virtual Reality (VR) Play Therapy to help children in the hospital reduce stress, pain, and anxiety while providing fun, positive engagement. Activities may include: ■ VR games, ■ nature relaxation, ■ creative VR art, ■ adventure play.

Consent & Release

I, the undersigned, am the parent/guardian of the child named above. I understand that VR Play Therapy is a recreational and supportive activity, **not a medical treatment**. I consent to my child's participation.

I release Patricia Haley Charity, its staff, volunteers, and affiliates from any liability related to the use of VR equipment or participation in VR Play Therapy.

■ I give permission for my child to participate in VR Play Therapy.

■ I allow photos/videos of my child during sessions to be used for Patricia Haley Charity outreach (optional).

Signature Section

Parent/Guardian Signature:	_____	Date:	_____
Staff Witness Signature:	_____	Date:	_____

For PHC Use Only

Session Provided By:	_____	Date:	_____
Notes:	_____		

■ Patricia Haley Charity – Bringing Joy & Healing Through VR
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