

Special Needs Kids, Inc.

An Adaptive Equipment Lending Library

Durable Medical Equipment Loan Agreement

Client Information

First Name _____ Last Name _____

Date of Birth ____/____/____

Parent/Guardian Information

First Name _____ Last Name _____

Relationship to Client _____

Loaned Equipment Information (for office only)

Description of Item _____

Inventory Control # _____ Approximate Value _____

I understand that the above equipment has been entrusted to me for the safe and proper use by the client indicated. I acknowledge responsibility for the proper care and maintenance of the above equipment and agree to return the equipment in good working order when it is no longer needed by the client. I understand that if the equipment is not returned, or if it is returned damaged or in disrepair, I may be charged replacement or repair costs at the discretion of Special Needs Kids, Inc.

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

Durable Medical Equipment Liability Waiver

The client indicated is currently under my care as a licensed physical/occupational therapist. I hereby acknowledge responsibility to properly fit and instruct the client and his/her family members in the appropriate use and care of the above equipment.

Signature of Therapist _____ Date ____/____/____

Practice Name/Location _____

Phone Number _____ Email Address _____

The client indicated is currently not under the care of a licensed physical/occupational therapist. As a service to Special Needs Kids, Inc., the client has been properly fit, and his/her parent/guardian has been instructed in the appropriate use and care of the above equipment by a licensed physical or occupational therapist at Special Needs Pediatric Therapy Services, 4411 Suwanee Dam Rd., Suite 455, Suwanee, GA 30024. 678-482-2158.

Signature of Therapist _____ Date ____/____/____

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

Would you please consider a donation?

Our lending library relies upon the kind donations of our supporters for the purchase of replacement parts and repair materials for donated equipment. If you are able to, your voluntary contribution would be greatly appreciated.

\$25.00 \$50.00 \$75.00 other _____