



### **Agreement for Funding Acceptance**

The Pediatric Obesity Foundation (POF) is offering you financial assistance for treatment at the Pediatric Obesity Clinic (POC). In return, the Pediatric Obesity Foundation is asking the following of you:

- that you put your best effort into following the treatment plan outlined by the Pediatric Weight Clinic caregivers,
- that you will schedule sessions on a weekly basis with the trainer, nutritionist and psychologist, as laid out in the treatment schedule you receive,
- that you arrive for appointments on time,
- that if you must cancel an appointment( following guidelines as set out in the cancellation policy) you will rebook promptly so as not to interrupt the treatment program,
- that you will compensate the POC for any additional expenses occurred during the course of treatment (eg. missed appointment charges, additional purchases such as books, plates, etc.)

I agree to the above guidelines.

Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

POF : \_\_\_\_\_

Date: \_\_\_\_\_