



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: _____