

Swan City Music Therapy, LLC

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Updated 2025 Client Information Forms

Swan City Music Therapy

Policies and Procedures Agreement

My signature confirms that I have read, understood and agree to abide by the Policies and Procedures packet provided to me by Swan City Music Therapy. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to comply with these policies. I authorize my child to participate in the agreed upon services (music therapy or adapted lessons) by Swan City Music Therapy. I understand that this consent can be repealed in writing at any time during the treatment/lesson process.

SIGNATURE

Client Name(s)	
Parent/Guardian Name + Relationship	SCMT Representative Name
Parent/Guardian Signature	SCMT Representative Signature