



## Consent Form

Child's Name: \_\_\_\_\_ M/ F

Home Phone: \_\_\_\_\_

Age/DOB: \_\_\_\_\_

Work/Cell: \_\_\_\_\_

Parents: \_\_\_\_\_

Address: \_\_\_\_\_

Email/Fax: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### Current services/providers:

School Placement \_\_\_\_\_

Speech/Language Therapy \_\_\_\_\_

Occupational Therapy \_\_\_\_\_

Physical Therapy \_\_\_\_\_

Social Work \_\_\_\_\_

Other Services: \_\_\_\_\_

### Consent for Treatment \_\_\_\_\_ (parent initial)

I/we hereby give permission for the above stated child to be treated by SensAble Kids, P.C. for therapy services. Therapy services have been explained to me/us and I/we understand this treatment and explanation and approve of said treatment. I/we agree to the reciprocal agreement to provide at least two weeks notice prior to termination of this services agreement. In addition, it is understood that a family may have to occasionally cancel treatment sessions, however, advanced notice is appreciated. If excessive cancellations occur, a client may lose his/her scheduled time and/or be charged for future appointments cancelled (see service agreement for more details).

### Privacy Notice and Authorization for Release of Information \_\_\_\_\_ (parent initial)

I have received the SensAble Kids, P.C. Notice of Private Practices. Any health care provider or medical facility, may obtain from or provide to SensAble Kids, P.C., information concerning the above stated child's care, condition and treatment for the purposes of treatment, payment or healthcare operations.

### Consent for Picture/Video

Your initials give SensAble Kids, P.C. consent to photograph and/or videotape your child's session(s) and to utilize your child's photograph and/or videotape for the following purpose(s):

- \_\_\_\_\_ Staff Training
- \_\_\_\_\_ Professional Presentations
- \_\_\_\_\_ Parent Education
- \_\_\_\_\_ Marketing (e.g., newsletter, website)
- \_\_\_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_ Outside of the initial evaluation and/or consultation, or any re-evaluation of my child's progress and performance necessary for his/her plan of treatment, I/we do not wish for my/our child's photograph and/or video to be taken.

### Food Permission/Dietary Information

Your initials inform SensAble Kids, P.C. of your child's dietary restrictions in order to allow your child to participate in snack and/or oral-motor/feeding activities.

- \_\_\_\_\_ My/our child may participate in snack and/or oral motor/feeding activities and has no dietary restrictions.
- \_\_\_\_\_ My/our child may participate in snack and/or oral motor/feeding activities if the following diet restrictions are observed:
- \_\_\_\_\_ My/our child may participate in snack and/or oral motor/feeding activities; however, I/we will provide his/her food for these activities.
- \_\_\_\_\_ My/our child SHOULD NOT participate in snack and/or oral motor/feeding activities with food.

### Off Site Consent Form

Your initials give SensAble Kids, P.C. consent for your child to participate in therapeutic activities outside of the clinic when accompanied by a staff member in the indicated locations. Outside activities will occur when weather is appropriate and child is wearing appropriate clothing. In addition, attempts to gain verbal permission prior to each activity will occur if parent(s) are present at the clinic. Please let us know if other precautions should be taken (e.g., sunscreen, hat, sunglasses, etc.).

- \_\_\_\_\_ Grass and/or pavement immediately outside of the clinic;
- \_\_\_\_\_ Park located in neighborhood east of the clinic
- \_\_\_\_\_ Predetermined community outings;
- \_\_\_\_\_ Other:

\_\_\_\_\_  
Parent/Guardian Signature(s)

\_\_\_\_\_  
Date Signed