CONSENT FOR TREATMENT FORM

Child's Name: ____

I give permission for the staff occupational/speech therapists at Cowtown Pediatrix Clinic (CPC) to evaluate and treat my child. When OT/ST interns are rotating through CPC, I understand that my child may be evaluated and treated by an OT/ST intern. I understand that my child's clinical needs will always be under the supervision of a licensed OTR/SLP from CPC. I also understand that the level of independence the OT/ST intern has with my child is directly related to his/her level of clinical development within his/her fieldwork experience. In addition, I understand, while CPC strives to be consistent, that due to availability in the schedule, the therapist that performs the evaluation may not necessarily be my child's ongoing therapist.

________________________________ ____________________________
Parent/Guardian Signature **Date**

I understand that all information surrounding my child is private and confidential. I also give permission for email correspondence with CPC regarding my child.

________________________________ ____________________________
Parent/Guardian Signature **Date**

I authorize CPC to discuss my child's care, if applicable, with other team members, such as doctors, school, speech therapist, etc.

_____________________________ ____________________________
Parent/Guardian Signature **Date**

I understand that my child's therapist will spend the last 5 minutes of each session talking to me in the waiting room about my child's progress. If I have an objection to this, I can ask to go behind a closed door.

______________________________ _____________________________
Parent/Guardian Signature **Date**

RELEASE FORM FOR PHOTO/VIDEO USE

I authorize CPC to use my child's photo(s)/videos in printed materials and/or digital format for the use of educational or marketing purposes for the clinic. I understand that I will be notified before the use of the photo(s) and/or video(s).

________________________________ ____________________________
Parent/Guardian Signature **Date**