



Skilled Kids Occupational Therapy

Occupational Therapy and Consulting for Children

T: 604 921 4853 - F: 604 921 4883 - E: ot@skilledkids.com - W: www.skilledkids.com

Director: Mahshid Hosseini, Msc,OTR

CONSENT FORM

FIRST NAME OF CHLD:
CHILD:
DATE OF BIRTH:

LAST NAME OF

I, the undersigned, _____

Name of Parent/Guardian

Address:

Relationship to child/student:

CONSENT FOR OCCUPATIONAL THERAPY ASSESSMENT / INTERVENTION

Authorize Skilled Kids Occupational Therapy to:

- Assess, treat the child/student and make recommendations. This assessment may include observation of the child, formal and informal testing, follow up visits, and ongoing intervention.
- Interact with the child/student for the purpose of providing appropriate training for school or preschool personnel (optional).

I understand that the results of the assessment and the recommendations will be discussed with me.

CONSENT FOR RELEASE OF INFORMATION

Authorize Skilled Kids Occupational Therapy to release information to health professionals involved with the child.

Parent/Guardian Consent and Indemnity Agreement:

I consent to and assume all risks and hazards of and incidental to the participation of the above named boy or girl in the activities of the Skilled Kids Occupational Therapy, and agree to indemnify the said organization and its officers, servants, or agents nominated or appointed by or on its behalf against all loss from any claim hereafter made against it, them or any of them by or on behalf of said boy or girl and arising directly or indirectly from such participation.

PARENT / GUARDIAN:
Date:

Signature:

WITNESS:
Date:

Signature:

