



**PRINCE ALBERT** Est. 1887  
**CATHOLIC SCHOOL DIVISION**  
*Learning for life through Catholic Education*

**OCCUPATIONAL THERAPY CONSENT FORM**

**Client:** \_\_\_\_\_

**D.O.B.:** \_\_\_\_\_  
Day/month/year

**Parents/Caregiver's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Home Phone #:** \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

I, the undersigned, do certify I am either the parent or legal guardian of \_\_\_\_\_ (the "child"), and I hereby authorize and consent to the school-based occupational therapy service.

I authorize the occupational therapist/services to release to any professional or agency that might be involved in the continuing care of the child, any information deemed necessary to facilitate this care. (if consent is denied, initial here \_\_\_\_\_.)

I authorize and consent to the release of any and all results of examinations and/or treatment of \_\_\_\_\_ (the "child") from any professional or agency that might be involved in the continuing care of the child, to Challenges Occupational Therapy Clinic, or its authorized representatives. (if consent is denied, initial here \_\_\_\_\_.)

\_\_\_\_\_  
\_\_\_\_\_  
Please indicate if your child is allergic or sensitive to any material and describe the signs or symptoms which your child demonstrates if exposed to the material.

\_\_\_\_\_  
\_\_\_\_\_  
Please indicate if your child is presently taking prescribed medication and specify the condition for which this medication is prescribed.

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF PARENT/LEGAL GUARDIAN**