



Parental Consent Form

* **Form must be completed in its entirety or will not be accepted**

Member Name: _____

Member RID #: _____

Member Diagnosis: _____

I (print name of parent/legal guardian) _____
hereby authorize (print name of provider) _____
to evaluate, as well as provide any subsequent treatment based on the evaluation results for (please check all services
that apply) _____ Physical Therapy, _____ Occupational Therapy and/or _____ Speech Therapy for child named
above.

Signature of Parent/Legal Guardian if a minor

Date Signed by Parent/Legal Guardian

Relationship to Member

Signature of Therapist or Representative of Therapy Group

Date Signed by Provider