CONSENT FOR THERAPY SERVICES

Child:_______________________________________ DOB:_____________________

Teacher:_____________________________________ Grade:____________________

School:____

I, ____(Parent) consent for the following services from Carney Rehabilitation and Developmental Services, PLLC.

__Occupational Therapy __Speech/Language Therapy __Physical Therapy

__Screening (general observation and consult with teacher)

__Evaluation of my child

__Therapy Individual treatment session as presented in Plan of Care

__Other____

____ ______________________

Parent signature Date

PO Box 9983 The Woodlands, TX 77387 Phone (832)269-1254 Fax (832)442-5119