

## Consent for Treatment and Services

Student: \_\_\_\_\_

Child Care Provider: St. James School for Little Folks

I, \_\_\_\_\_, hereby give my consent and authorize the below noted people & or service providers to remove my child from class for individualized private one on one sessions and to work with my child in the classroom for group therapy activities.

My child will be receiving the following service(s): Please check all that apply:

- Play therapy
- Speech therapy
- Social/Behavioral Coaching Assistance
- Autistic Training & Implantation of techniques
- Evaluation and possible treatment as needs arise
- Service Coordinator
- Other \_\_\_\_\_

**Authorization for Treatment:** The undersigned hereby authorizes St. James School for Little Folks and/or any of service contractors (collectively referred to as the provider) to render patient physical, occupational, speech, audiologist, and psychological services or any other related services (collectively referred to as Therapy Services) that the child's parents and/or patient's physician determine to be necessary and advisable. The undersigned agrees to cooperate with all reasonable requests of Parents in connection with the rendering of Therapy Services.

**Therapy Service Providers Responsibilities:** The patient's parents authorized services to be provided privately in a group setting. During therapy sessions, the child becomes the responsibility of the Therapy Provider. The provider shall be physically responsible for the well-being and care of this student during therapy sessions. St. James School for Little Folks will sign the student out to the service provider and sign them back into the school upon completion of the services provided. The Therapy Service Provider agrees to share any and all information necessary to ensure a successful delivery of service to the above name student.

**Release of Information:** The Parents and Therapy Service Providers hereby certify that all information provided to St. James School for Little Folks is true and accurate in all respects. The parents and providers hereby authorize St. James School for Little Folks to disclose any information, medical or non-medical, furnished to or obtained by the school in connection with Patient's diagnosis and/or Treatment. To any physician, government agency (including the US Department of Health and Human Services, or any of its intermediaries or carriers, insurance company or health care provider requesting such information. The undersigned agrees to allow all therapy service provider and the childcare provider access to the Patient's medical records and agrees to work with all providers to make copies of such records available as needed. The undersigned consents to allowing discussion by any and all providers of the patient's medical condition with family members, school employees and service providers regarding the delivery of services and the scheduling of service needs.

\_\_\_\_\_  
Signature of parent/legal representative

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date