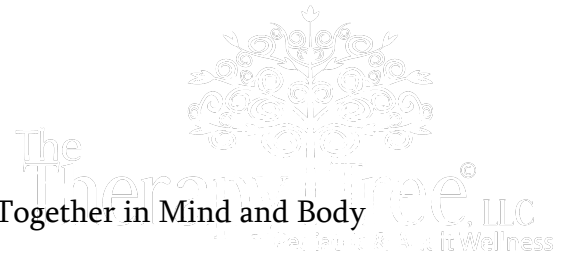




Growing Together in Mind and Body



CONSENT FOR RELEASE OF INFORMATION

Client Name: _____ Date of Birth: _____
Parent/Guardian: _____ Phone #: _____
Address: _____ Cell #: _____
City/State/Zip: _____
Primary Care Physician Name and #: _____

I authorize The Therapy Tree, LLC to release and/or obtain information to/and/or from:

_____	_____
_____	_____
_____	_____

Specific information/reports requested:

<input type="checkbox"/> Developmental Reports	<input type="checkbox"/> OT/PT Reports	<input type="checkbox"/> Vision Evaluation Reports
<input type="checkbox"/> Speech/Language Reports	<input type="checkbox"/> Audiological Reports	<input type="checkbox"/> IFSP/IEP
<input type="checkbox"/> Medical Reports	<input type="checkbox"/> Other: _____	

The information is needed for the following purpose(s):

☐ IFSP/IEP Development/Planning ☐ Treatment Planning ☐ Team Collaboration
☐ Other: _____

The consent is valid until discharge of service or upon written revocation of parent/legal guardian, or minor age 12-17, whichever date is sooner.

_____	_____	_____
Printed Name of Client/Parent/Guardian	Client/Parent/Guardian Signature	Date

Counseling-Minors 12-17 years old:

_____	_____	_____
Printed Name of Client	Client Signature	Date





Growing Together in Mind and Body

CONSENT FOR TOUCHING AND HOLDING

Child's Name: _____

During the course of therapy, your child may need to be touched or held (contained). You will be present whenever your child is touched or held. If at any point in the course of therapy you do not think that such physical contact with your child is in his/her best interest, please inform your therapist. Holding or touching your child is done for various therapeutic reasons including:

1. Helping your child to relax.
2. Containing or regulating anxiety.
3. Helping your child to focus.

If your child has difficulty dealing with stress or frustrations and often responds with tantrums, rage, or out-of-control actions, then it is possible that any stress occurring in therapy will elicit similar reactions. Perhaps at this time we will also hold or touch your child, or may ask you to do so, for the purpose of regulating the anxiety your child is experiencing. Containment may occur at those times.

1. Only when it can be done guaranteeing physical safety to your child.
2. Only with empathy and understanding.
3. Only as long as necessary for the child to re-establish self-regulation.
4. Only with your permission.
5. Only for the purposes of containing anxiety

You may withdraw your consent at any time.

Printed Name of Parent/Guardian

Parent/Guardian Signature

Date Signed





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VIDEOGRAPHIC AND PHOTO CONSENT

Child's Name: _____

_____ I give my permission for my child's picture / video to be used by The Therapy Tree for the purpose of training his/her specific clinical team.

_____ I give my permission for my child's picture / video to be used by The Therapy Tree for the purposes of training other professionals or paraprofessionals.

_____ I give my permission for my child's picture / video to be used by The Therapy Tree informational literature.

_____ I do not wish my child to be videotaped or his / her picture taken.

Printed Name of Client/Guardian

Client/Guardian Signature

Date Signed



The Therapy Tree, LLC | 89 Cedar Ave. P.O. Box 764 Lake Villa, IL 60046

ph (847) 265-7300 fax (847) 265-7301

"Growing Together in Mind and Body"



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FOOD PERMISSION/DIETARY CONSENT

Child's Name: _____

Please complete the following to inform the Kids Therapy staff of your child's diet restrictions and to allow your child to participate in snack activities.

- ☐ My child may participate in snack time and has no diet restrictions.
- ☐ My child may participate in snack time if diet restrictions are observed.
- Please list diet restrictions below.
- ☐ My child may participate in snack time; however, I will provide his/her snack.
- ☐ My child should not participate in snack time.

Please list food allergies or restrictions for your child:

_____	_____
_____	_____
_____	_____
_____	_____

Please list the food(s) your child is motivated to eat:

_____	_____
_____	_____
_____	_____
_____	_____

Printed Name of Client/Guardian

Client/Guardian Signature

Date Signed

