



### Consent For Services

I give permission for FUNdamentals Pediatric Occupational Therapy Services, LLC to provide evaluation, treatment, and/or consultative services to

\_\_\_\_\_.

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Parent/Guardian Signature

Date

### Consent for Collaboration

I, \_\_\_\_\_, give my permission to FUNdamentals Pediatric Occupational Therapy Services, LLC to exchange information with the following professionals/individuals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

About:

Patient name/Date of Birth: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_