



Consent Form

I give permission for my child, _____ to receive occupational therapy services at Leaps and Bounds, LLC.

Signature of Parent/Guardian

Date

I give permission for my child's therapist at Leaps and Bounds, LLC to discuss and share verbal and/or written information about my son/daughter _____ with the following professionals. Professionals may include doctors, teachers, psychologists, speech therapists, physical therapists, and/or any other professional working with your child.

Name of Professional

Phone Number

Signature of Parent/Guardian

Date