The Redway School
Belong • Believe • Become

Consent for Occupational Therapy Input

Please read each section of this form and sign the relevant sections. For further information please refer to our privacy statement attached to this form or contact us with any questions.

Date:		Name of child:	
Parent/guardian:		Relationship to child:	

Consent for assessment and/or treatment by an occupational therapist; I consent for _____ to be seen by an occupational therapist for assessment and/or therapy and/or advice and consultation for their functional skills. My child's details and occupational therapy notes will be held on our secure, cloud based, notes system called cliniko.

Signed: _____ Name: _____

Consent to share and receive information with other relevant professionals; I agree that the occupational therapist can make contact and share information (verbally and in writing) with other professionals involved with my child/young person.

Signed: _____ Name: _____

Consent for students;

I give consent for a student occupational therapist to work with my child/young person, under supervision and guidance from a qualified occupational therapist.

Signed: _____ Name: _____

Consent for photos and videos; I give consent for my child/young person to be recorded or photographed by the occupational therapist using their secure work mobile phone. **NB**. All files will be transferred into your child's clinical notes and deleted from the mobile phone within 1 working day.

Therapy purposes / in training and teaching materials / website and social media (will be anonymous)

Signed: _____ Name: _____