



Occupational Therapy and Physiotherapy Services Parent/Guardian Consent

Student's Name: _____ Date of Birth (m/d/y): _____

School: _____ Grade: _____ School Year: _____

**Please note consent for services is valid for the current school calendar year only.*

South Shore Regional Centre for Education has a partnership with Nova Scotia Health Authority to provide assessment and subsequent intervention as deemed appropriate by their employee(s).

Parent/guardian consent must be provided to South Shore Regional Centre for Education so that Occupational Therapy and/or Physiotherapy services can accept a referral and access the following information:

- Child's name, date of birth and contact information.
- Parental/Guardian name and contact information.
- Details regarding the referral concern.

This referral is part of the ongoing efforts of the Student Planning Team to identify and meet your child's needs at school. It is important for you to understand that participation in the above supports is voluntary. You and/or your child have the right to decline or discontinue this process at any time. You will be provided with a copy of any report(s) that are produced from an assessment, if conducted.

Parent(s)/Legal Guardian(s) please complete:

☐ I/We the undersigned, hereby affirm that I am/we are the parent(s)/legal guardian(s) of _____ (student's name) and have the authority to make decisions on their behalf.

*Please note: If there is a shared custody arrangement, both parents will be required to sign this consent form for the service to take place.

☐ I/We give full and informed consent to _____ (student) receiving the above indicated service, and that the team referral, parent/guardian consent, and assessment report (if completed) will be uploaded in the student's permanent electronic confidential file (TIENET). I understand that this information will be discussed at the Student Planning Team meetings and may be used to program for my child and that I may withdraw consent from this service at any time.

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

OR

☐ I/We **do not** consent to _____ (student) receiving the above indicated service.

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____