



## Occupational Therapy Services

### Parental / Guardian Consent to Referral

CLIENT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  
Day/Month/Year

Pediatric Occupational Therapy (OT) promotes functional independence for children who are dealing with the effects of disease, illness, injury, disability, or developmental delays. Through the use of meaningful activities and play, OT facilitates normal development of age-appropriate skills.

An OT evaluation can last up to 6 hours inside the classroom, clinic or home. At this point, a discussion of findings and recommendations are given that can be implemented by staff, caregivers and/or solely by the Occupational Therapist, for which treatment options can be discussed.

Please fill out below to give consent.

I \_\_\_\_\_ being the custodial parent or guardian of  
\_\_\_\_\_ who is a minor, hereby consent to his/her referral  
to Occupational Therapy services offered by Marcia-Lisa Dennis, OT Reg.(N.S.) or her staff  
when appropriate. I also confirm that I have been informed and understand the nature of the  
referral and treatment process offered.

\_\_\_\_\_  
Parent / Guardian

\_\_\_\_\_  
Date