



"Now We're Talking"
Pediatric Therapy, Inc.

Child's Name: _____ **Date of Birth:** _____

Consent to Treat In Daycare/Preschool Facility

In signing below, I give permission for "Now We're Talking" Pediatric Therapy, Inc. to provide speech and language /occupational therapy to my child, in his/her Daycare facility. I also give permission for my child to be seen within the classroom or to be taken to a separate area in order to target specific therapeutic goals.

Parent/Guardian Date

Consent to Share Therapy Goals with Classroom Teachers

In signing below, I give permission for "Now We're Talking" Pediatric Therapy, Inc., therapist to discuss therapeutic techniques and therapy goals regarding my child with his/her classroom teachers at _____ . In doing this his/her classroom teachers can reinforce therapy goals within the classroom environment throughout the day.

Parent/Guardian Date

Consent to Video and/or Audio Tape

In signing below, I give permission for "Now We're Talking" Pediatric Therapy, Inc. to video and/or audio tape for evaluation and therapeutic purposes as well as documentation/tracking progress and will not be shared with anyone else other than those authorized by parent/guardian.

Parent/Guardian Date

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