

Permission Slip for Occupational Therapy

Date: _____

Dear _____,

Your child _____ has been referred for occupational therapy by _____ at the school. This service is provided at no cost to you or the school by a volunteer occupational therapist. If you would like this service, please sign below. If you wish to decline at this time, please check I decline and sign. If you want more information, please contact your child's teacher. All information gained by occupational therapy regarding your child will be shared with you. Thank you for the opportunity to serve your child.

My child, _____, has my permission to participate with occupational therapy at the school.

(Parent or guardian signature)

_____ I decline occupational therapy service at this time.

(Parent or guardian signature)