**Consent for Occupational Therapy Clinical Input School Provision**

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| **Child’s Full Name:** |       |
| **Post Code** |       |
| **Date of Birth** |       |
| **Parental Consent** |
| I/We have read and agree to the GriffinOT Privacy Policy (April 2018) provided to me with this consent form. Yes [ ]  No [ ]  |
| I/We give permission for my/our child to be assessed by and treated by the occupational therapist at school:      Yes [ ]  No [ ]  |
| I/We agree to sharing of information with relevant staff my child’s school, which is named above, this may include the ARP Lead, your child’s ARP teacher and ARP teacher staff, your child’s mainstream teacher and the school SENCO and Head Teacher. Yes [ ]  No [ ] *Please note if you do not agree to this we will be unable to provide a service as the school is funding your child’s occupational therapy provision.*  |
| I/We agree to sharing of information with the following professionals (*please tick).*Speech and Language Therapist – NHS Allocated School Therapist Yes [ ]  No [ ] Psychologist - NHS School Therapist Yes [ ]  No [ ] GP - – Yes [ ]  No [ ]  – Please name:       Other Professional - Yes [ ]  No [ ]  – Please name:       Other Professional - Yes [ ]  No [ ]  – Please name:        |
| I/We understand to that my child’s data will be stored on the practice computer.Yes [ ]  No [ ]  |
| I/We understand that I/we can withdraw our consent for occupational therapy services by GriffinOT at any time, by using the withdrawal of consent form which can be found here: <https://www.griffinot.com/policies/>.Yes [ ]  No [ ]  |
| Please also provide the email address that you give GriffinOT consent to use to contact you on regarding your child’s occupational therapy provision:Email Address:       |
| **PARENT / GUARDIAN** | **PARENT / GUARDIAN** |
| **Full Name** |       | **Full Name** |       |
| **Parent’s/Guardian’s signature** | **Parent’s/Guardian’s signature** |
| **Date** |       | **Date** |       |