



85 Revere Drive, Suite G
Northbrook, IL 60062
(847)498-2003

PARENTAL RELEASE FOR OCCUPATIONAL THERAPY SERVICES

I _____ give _____ permission to contact the following professionals and/or facilities regarding my child, _____.
Communication may be either verbal (i.e., phone conversation) or written (i.e., medical records, reports, etc.).

Pediatrician _____	Medical Specialist _____
Address _____ _____	Address _____ _____
Phone _____	Phone _____
School _____	Therapist _____
Contact _____	Address _____
Address _____ _____	Phone _____
Phone _____	
Other _____	Other _____
Address _____ _____	Address _____ _____
Phone _____	Phone _____

Signature (parent/guardian) _____ Date _____

