



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

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## 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.).

<b>Pediatrician</b> _____	<b>Medical Specialist</b> _____
Address _____ _____	Address _____ _____
Phone _____	Phone _____
<b>School</b> _____	<b>Therapist</b> _____
Contact _____	Address _____
Address _____ _____	Phone _____
Phone _____	
<b>Other</b> _____	<b>Other</b> _____
Address _____ _____	Address _____ _____
Phone _____	Phone _____

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Signature (parent/guardian) \_\_\_\_\_ Date \_\_\_\_\_

