

## Client Consent Form

Date \_\_\_\_\_

I, \_\_\_\_\_, give \_\_\_\_\_

(therapist) consent to communicate by phone, in writing, or in person with the following professionals regarding assessment and/or intervention for my child.

Signature \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_