

Rehab4kidz

Contact and Consent Form

Child's Name	Date of birth
Name of parents/carers	Home address
Phone numbers	E mail address
Siblings names and ages	
Name of school / nursery (if applicable)	Contact name and number in school / nursery
GP name and address	
Names and contact details of any relevant professionals working with your child including NHS speech language therapist:	

Please state yours and/or your child's main concerns (i.e why referral has been made)

Any additional information if required:

Rehab4kidz

I consent to the assessment and agreed treatment of my child..... This may include formal or informal assessments / observations of communication or eating and drinking skills as relevant, at home or the classroom as required and agreed by parent/ child and speech and language therapist.

I consent to receiving information from Rebecca O'Mahoney via the e mail / telephone / postal address given above

Information will only be shared with the child's parents or carer with parental responsibility and consent will be requested if any from the parents before sharing with other professionals.

Consent may be withdrawn at any time and treatment will cease.

Signed..... Date

Name

Relationship to child