

Candler County Board of Education
Program for Exceptional Children

**Occupational / Physical Therapy
Parental / Guardian Consent-Permission Form**

I give permission for my child _____ to receive Occupational Therapy and/or Physical Therapy at his/her school if he/she qualifies for services. The therapist will perform an initial screening to determine if a thorough evaluation is needed. If an evaluation is needed, the PT/OT will have a signed prescription from the child's doctor before administering services. If the child does not qualify, the PT/OT will make recommendations to the teacher/parent to address any concerns.

Parent/Guardian Signature: _____

Date: _____