

BLC Therapeutic Resources II, Inc.

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Email: therapy@blctherapeutic.com

PARENTAL CONSENT FORM

I _____ the parent/guardian of _____

give consent for my child to receive Therapy Services (OT/PT/ST) by BLC Therapeutic

Resources II, Inc. at the **School setting / Home / Babysitter (Please circle setting of service).**

Please write address for place of service: _____

_____.

Therapist Signature Date

Parent/Guardian Signature Date

Therapist Print Name

Parent/Guardian Print Name