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HOMETOWN THERAPY SERVICES ENCOMPASSES:
Hometown Pediatric Therapy Services, LLC • VanMeter Therapy Services, LLC
Layes Therapy Services, LLC • Sarah Speech Solutions, LLC

PARENT/GUARDIAN CONSENT FOR SCHOOL/DAYCARE-BASED EVALUATION AND TREATMENT

I, _____,hereby authorize Hometown Therapy Services to evaluate and/or provide
(Parent/Legal Guardian Printed Name)
therapy services to my child in their school, daycare, preschool, Head Start program, or other

educational/childcare setting.

Child's Name: _____ Date of Birth: _____

School/Daycare Facility: _____

By signing below, I understand and agree that:

- Qualified therapists, therapy assistants, and students under the supervision of a licensed therapist may provide therapy services as clinically indicated and in accordance with applicable professional practice acts, licensure requirements, and regulatory guidelines.
- Services may include Occupational Therapy, Physical Therapy, and/or Speech-Language Pathology as appropriate for my child.
- Hometown Therapy Services may coordinate scheduling and service delivery with school/daycare personnel.
- Therapy staff may communicate with appropriate school/daycare personnel regarding attendance, participation, progress, recommendations, and therapy-related needs necessary to facilitate services.
- Protected Health Information (PHI) will be used and disclosed only as permitted by applicable federal and state laws, including HIPAA.
- This consent is voluntary and may be revoked at any time by providing written notice. Revocation will not affect services already provided prior to receipt of the revocation.

This authorization shall remain in effect until revoked in writing by the parent/legal guardian or until services are discontinued.

Parent/Legal Guardian Signature: Date:

_____ _____