

Consent for Follow-up Services Form

Child's Name: _____ **Birthdate:** _____

Classroom: _____

Describe follow-up: _____

Follow-up will be provided at:

By _____ **, on** _____

Parent/Guardian Permission

I give permission for my child _____ **,**
to receive the above described services/treatment. I hereby certify that the above
Procedures were fully explained to me and I understand the purpose of these
Procedures

Signature of Parent/Guardian

Date

Consent:

Check which one applies:

In Person

Sent Home & Returned

By Phone

(Witness only needed if permission given by phone)