

Avon Occupational Therapy, Inc.

Susan Smith-Foley, MPA, OTR/L
www.avonoccupationaltherapyinc.com

RELEASE OF INFORMATION CONSENT FORM

Please complete this if you would like me to speak to or obtain records from your child's teacher(s), therapist(s), physician(s), etc.

I give Susan Smith-Foley, Occupational Therapist, consent to case conference (via phone or e-mail) and / or to obtain records from the following individual(s):

regarding my child: _____

Information collected will be relevant to your child's Occupational Therapy Evaluation and / or to the provision of Occupational Therapy services.

The individual(s) listed above may be best reached at:

Signature of Parent / Legal Guardian:

Date: _____