



SILVER LINING

Consent Form

I agree to have my child, _____, receive a Speech, Occupational, and Physical therapy evaluation and/ or treatment. Please provide _____ (Date of Birth)

Services will be provided at Youth Institute of College Station.

CONFIDENTIAL RELEASE OF INFORMATION

I hereby authorize Silver Lining Therapy Services, Inc. to obtain and/or release pertinent information concerning _____ to Youth Institute of College Station

(Childs Name)

It is my understanding that this information will not be shared with any other entity without my prior knowledge. I further acknowledge that the use of this information is to ensure the best quality of care possible for my child.

Parent/Guardian

Date