Parent Consent

Child Information

Child Name: _____ Sex: **M** **F** Age:____ DOB:____/____/___

Daycare: _____Teacher & Classroom:_____

Child Address:_____

Home Phone: _____ Cell: _____ Email: _____

Pediatrician Name: _____ Phone:_____

Language spoken at home: _____ Language the child speaks better:_____

Parent Consent for Screening/Evaluation

I hereby represent and acknowledge that I am the parent and/or legal guardian of the above-named child, who is my lawful son/daughter.

I give consent to ARLEY THERAPY SERVICES to do the following process to the above-named child: Screen/Evaluate Speech, Language & Voice

This permission is good enough while the subject child is at ARLEY THERAPY SERVICES concerning the care and treatment of the above-named child

_____ _____ _____

Parent/Guardian Name Parent/Guardian Signature Date

Parent Consent to Release Information

I give permission to ARLEY THERAPY SERVICES to communicate without restraint with the above-named child's physician, related health professionals, school officials, teacher, parents, family members, insurance companies, billing offices as deemed fit and in the sole discretion of ARLEY THERAPY SERVICES concerning the care and treatment of the above-named child.

_____ _____ _____

Parent/Guardian Name Parent/Guardian Signature Date

Insurance Information

☐ Medicaid/MediPass ☐ Medicaid/MMA ☐ Other_____

ID #:_____ Social Security #:_____ DOB:____/____/____

I authorize ARLEY THERAPY SERVICES to release all information needed for related Medicaid, MMA Healthcare Plans, or any other insurance holder, to the social security administration or its intermediaries or carriers. I permit a copy of my authorization to be used in place of the original.

I hereby authorize payment if any, to be paid directly to ARLEY THERAPY SERVICES for medical benefits. If for any reason full payment is not received, I accept full responsibility to pay whatever charges remain. If do not pay such charges and it becomes necessary for you to file suit against me to collect such charges, I agree to pay for a reasonably attorney fee and the cost of the collection.

_____ _____ _____

Parent/Guardian Name Parent/Guardian Signature Date

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