

A+ HANDWRITING

Marla Scaglione, MS, OTR/L

Occupational Therapy

www.APlusHandwriting.com

813-245-3671

Consent for Release of Information

I hereby give authorization to A+ Handwriting to release or receive information regarding needs and services for my child from the following:

Physician: _____

Hospital: _____

Therapist: _____

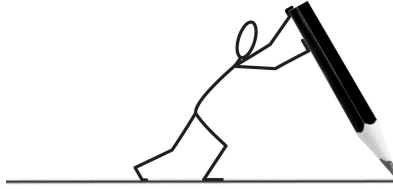
School: _____

Other: _____

**Medical information to another Physician or Insurance Company to assist in treatment or claim processing or to others identified by the parent or guardian.

Printed Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____



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Occupational Therapy Release of Photographs/Videos

I, _____ give A+ Handwriting, permission to photograph and/or record my child, _____ to release for use in research, to show progression of his/her skills, or to the therapist's discretion under the highest degree of ethical considerations. Additional confirmation will be made if photographs are to be used for promotional purposes.

Signature of Parent or Guardian: _____ Date _____