

Therapy Parent Consent Form

This form is for you to provide consent for the school and the private therapy provider to discuss therapy services for your child. Agreement about inclusion of therapy provision within the classroom will be contingent on several factors, including alignment of therapy with the school's educational program.

Please acknowledge the following:

- ☐ I understand that it is my duty to notify the therapist if my child is sick.
- ☐ I understand that if the therapist changes, I will notify the school and additional consent will be required.
- ☐ I understand that each individual therapist is required to complete paperwork, including current insurance, professional registration and WWVP details prior to commencing.
- ☐ I understand that teaching staff will receive written feedback following each session.
- ☐ I understand that school personnel will regularly review this therapy program and monitor classroom capacity for therapy. Following this review changes may occur. This could include the cancellation of this therapy program.
- ☐ I understand that consent must be renewed every calendar year.

Please note that final approval for requests to visit during school hours and/or on school premises rests with the Principal.

I _____ consent to the following external
therapy for my child _____ at The Woden School.

Therapist name	Organisation	Type of therapy E.g., Speech, OT, Physio etc

This consent remains valid from _____ until 20/12/_____.

Signature _____ Date: _____