RISE Center Authorizations

Nursing Professionals

[ ] I authorize the lead nurse, registered nurse (RN) or licensed practical nurse (LPN), to discuss information with the physician(s) or other medical professionals should a question arise about my child’s medical condition.

[ ] I do not authorize the Lead Nurse, registered nurse (RN) or licensed practical nurse (LPN), to discuss information with the physician(s) or other medical professionals should a question arise about my child’s medical condition.

Therapists

[ ] I authorize RISE Center’s physical therapist, occupational therapist, speech and language pathologist and music therapist to discuss information with the physician(s) or other medical professionals should a question arise about my child’s medical condition.

[ ] I do not authorize RISE Center’s physical therapist, occupational therapist, speech and language pathologist and music therapist to discuss information with the physician(s) or other medical professionals should a question arise about my child’s medical condition.

Child’s Name: ____________________________
Parent/Guardian Signature: ________________
Date: ________________