RISE Center
Where Special Kids Shine
THE UNIVERSITY OF ALABAMA

Permission for Evaluation & Treatment

I give permission for _____to receive Occupational Therapy, Speech-Language Therapy, Music Therapy, and/or Physical Therapy services as recommended by licensed therapists at the RISE Center. Services may include reviewing medical and educational records and collaborating with other professionals related to the student.

_____ _____

Parent Signature Date

Please have your child's physician sign and date, and list any precautions needed.

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_____ _____

Physician Signature Date