



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: _____