**STATE OF OKLAHOMA**

**Oklahoma Health Care Authority**

**Parental Consent Form**

**Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Member RID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Member Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (print name of parent/legal guardian) **hereby authorize Therapy Link Solutions** (print name of provider) **to evaluate, as well as provide any subsequent treatment based on the evaluation results for** Physical Therapy**, ~~Occupational Therapy~~ and/or ~~Speech Therapy~~** (circle all services that apply) **for child named above.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Legal Guardian**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signed by Parent/Legal Guardian**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to Member**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Therapist or Representative of Therapy Group**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signed by Provider**

**\*\*\*\*Please Note Form must be completed in its entirety or will be considered incomplete and will not be accepted\*\*\*\***

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**Therapy Link Solutions, LLC Office: 405-455-5582**

**2828 Parklawn Dr. Suite 10 Fax: 405-455-5988**

**Midwest City, OK 73110 Email: tlsolutions@coxinet.net**