

Parental Consent Form for Orthotic Services in the School Setting

Patient/Student Name: _____ Date of Birth: _____

County: _____ School Name: _____

Grade: _____ Teacher: _____ Para Pro: _____

Purpose

Your child has been referred for orthotics (braces for the body). With your permission, an orthotist from **Merciful O&P** will evaluate, fit, and/or adjust your child's braces during the school day. This helps ensure proper function, comfort, and improved participation in school activities.

Services May Include:

- Orthotic evaluation and measurement
- Fitting and delivery of orthotic devices
- Adjustments and modifications to existing devices
- Follow-up assessments of device fit and function
- Communication with school staff, therapists, and medical providers as needed for your child's care

Parent/Guardian Consent

I, the undersigned parent/guardian, give permission for my child to receive orthotic services from Merciful O&P within the school setting. I also give permission for the orthotist to communicate with school staff, therapists, and my child's physician(s) as needed to coordinate care.

I understand that I may revoke this consent in writing at any time.

Parent/Guardian Name (Print): _____ Phone #: _____

Signature: _____ Date: _____

Email: _____ I authorize text and/or email communication YES NO

Primary Care Physician: _____ Phone: _____

Group: _____