

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 29th Street Therapy Center (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****