

**Consent for Treatment by an Occupational Therapist
Camden Occupational Therapy Service for Children and Young People**

Swiss Cottage School – 80 Avenue Road, London NW8 6HX ☎0207 483 6060

Kentish Town Health Centre – 2 Bartholomew Road, London NW5 2BX ☎0203 317 2273/4

Royal Free Hospital – Children’s Therapy Room, Lower Ground Floor, Pond Street, London NW3 2QG ☎0207 830 2535

Please read each section of this form and sign the relevant sections. If you have any queries, please contact the Occupational Therapist on the telephone number above.

CONSENT FOR TREATMENT BY AN OCCUPATIONAL THERAPIST

I (parent/carer’s name)

give consent for my child (child’s name)DOB.....

to be seen by the Occupational Therapist, for assessment and/or management of his/her functional skills. Your child’s OT record will be kept on Camden’s shared health and social care electronic information system called SystemOne

Signed

I give consent to be contacted by email :@.....

CONSENT TO SHARE INFORMATION WITH OTHER RELEVANT PROFESSIONALS:

I agree that the Occupational Therapist may make contact and share information (verbally and in writing) with other professionals involved in my child’s care.

Signed

CONSENT FOR STUDENTS:

I understand that this dept is involved in the teaching and training of student Occupational Therapists. I give consent for a student Occupational Therapist to work with my child, under supervision from a qualified Occupational Therapist. I understand that this work may involve assessment for clinical examinations and use of video.

Signed

CONSENT FOR PHOTO/VIDEO:

I also give consent for my child to be recorded on video or in photographs by the Occupational Therapist for therapy purposes.

Signed

USE OF PHOTO/VIDEO FOR TRAINING:

I also give consent for photographs and/or video recordings of my child to be used by Occupational Therapist in the training of students, other therapists and the child’s workforce (e.g. teachers, support assistants). I understand that my child will not be named during training sessions.

Signed

DATE OF CONSENT: Consent obtained verbally

Countersigned: OT/OTA Signature

OT/OTA Name

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