



**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize *About Kids Occupational Therapy, LLC* to release information regarding my child, \_\_\_\_\_, to:

\_\_\_\_\_  
Name of person

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Contact number

- I authorize written communication
- I authorize verbal communication

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of parent/legal guardian

\_\_\_\_\_  
Relationship to child

