## STATE OF OKLAHOMA Oklahoma Health Care Authority

## **Parental Consent Form**

Member Name:	
Member RID #:	
Member Diagnosis:	
I	(print name of parent/legal quardian) hereby
authorize	(print name of parent/legal guardian) hereby (print name of provider) to
authorizeevaluate, as well as provide any sub	sequent treatment based on the
evaluation results for Physical Their	
Speech Therapy (circle all services that appl	
Signature of Parent/Legal Guardian	
Date Signed by Parent/Legal Guardian	
Relationship to Member	
remaining to member	
Cl	
Signature of Therapist or Representative	of Therapy Group
Date Signed by Provider	
****Please Note Form must be completed	d in its antiraty or will be considered
incomplete and will not be accepted****	and its entirety of whild even sidered