

**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** _____ (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******