



Toileting/Self-Dressing Consent Form

During therapy we may be addressing such skills and goals such as toileting, self-care and/or dressing skills. Tasks may entail manipulating clothing for toileting, wiping self, and clothing changes when addressing such goals.

Please check **ONE** of the following:

- I give permission for my child's therapist(s) to address toileting and/or dressing goals as described above.

- I **do not** give permission for my child's therapist(s) to address toileting and/or dressing goals as described above.

Print Child's Name: _____

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

