

**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\*\*\*\***