



**MOYNA  
TALCER**

Permission for liaison with other professionals involved in a client's care

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Please circle the answers to the following questions:

- Is your child having, or has (s) he ever had NHS occupational therapy?  
**YES NO**
- Are you happy for me to discuss your child with the NHS therapist and obtain written and/or verbal information about his/her therapy?  
**YES NO**
- Are you happy for reports to be sent to various professionals involved with your child (including NHS occupational therapy)?  
**YES NO**
- Are you happy for me to discuss your child's therapy with other professionals, such as a doctor, health visitor, nursery (SENCO/teacher) or school (nurse/teacher/SENCO)?  
**YES NO**

Signed: \_\_\_\_\_

Name(s) of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_