**Consent Declaration**

**Consent to Assessment & Treatment,**

**Distribution of Reports and Peer Mentoring.**

**Re: Name: Dob:**

 **Address:**

I am the parent/guardian of the above child and as such give consent for Physiotherapy assessment and subsequent ongoing treatment to be carried out as discussed and agreed with Andrea Clarke.

I agree to Andrea Clarke distributing written Physiotherapy reports and advice to other involved Professionals and Services, and to Andrea Clarke discussing the progress of my child’s Physiotherapy at her professional discretion. I understand this may also involve telephone conversations, e-mail or face-to-face meetings with other involved Professionals and Services.

For the purposes of professional supervision, I understand that Andrea Clarke may meet with a Peer Mentor Physiotherapist and may use my child’s Therapy programme in clinical discussion. These discussions remain strictly confidential and no name will be used which may identify my child.

Name:

Signature:

Date:

Second copy of form held by parent/guardian

**VIDEO and PHOTOGRAPHY Permission.**

I………………………………………. the parent of ……………………………………………………

give my permission for the use of still digital camera photography and/or video footage of my child. It is understood that the footage will be relating to Physiotherapy,play activities and equipment, and will be used only for other professionals or carers to view.

Date………………………………………. Signed………………………………………………………..

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