

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Facility/Clinic Name]
[Facility/Clinic Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I, [Your Name], am the parent/legal guardian of [Child's Name], born on [Child's Date of Birth]. I hereby give my consent for my child to attend an occupational therapy appointment at [Facility/Clinic Name] on [Appointment Date(s)].

I understand that the purpose of this appointment is to evaluate [Child's Name]'s needs and to provide appropriate therapeutic support.

I confirm that my child has no allergies or medical conditions that would prevent participation in the therapy sessions.

Should you require any additional information or documentation, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Relationship to Child]