



"Reach Dane changes the lives of underserved children and families through education and supportive services"

2096 Red Arrow Trail
Madison, WI 53711

TEL (608) 275-6740

FAX (608) 275-6756

www.reachdane.org

Program/Classroom: _____

AUTHORIZATION FOR USE OF A WEIGHTED BLANKET

By signing below, I authorize Reach Dane staff to use a weighted blanket with my child _____ during rest time if it is recommended by a member of the Mental Health team and cleared by a nurse from the Health team.

A weighted blanket looks like a regular blanket but has a certain amount of plastic pellets on the inside to give it weight. It is intended to provide deep pressure to help children relax and maintain attention to tasks in order learn and rest to the best of their abilities. A weighted blanket is only used if the child can put it on and remove it independently.

Parent/Guardian Signature

Date

(Witness) Reach Dane Staff/Consultant Staff

Date

AUTHORIZATION FOR OCCUPATIONAL THERAPY CONSULTATION ONLY

By signing below, I authorize Reach Dane's occupational therapy consultants to observe/consult regarding my child and make recommendations to support my child's individual development and/or classroom planning. I understand it is the responsibility of Reach Dane staff and the consultant(s) to take any necessary actions to protect the confidentiality and privacy of my child and family. I understand I will be informed of the consultation findings and that any recommendations or follow up will be discussed with me.

Parent/Guardian Signature

Date

(Witness) Reach Dane Staff/Consultant Staff

Date

For office use only:

Please copy for parent/guardian.

Date received: _____ Status: _____

Updated 10/2024