



2096 Red Arrow Trail
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Marcia Huemoeller, Executive Director

Program: _ _ _ _

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 Date



AUTHORIZATION FOR USE OF A WEIGHTED BLANKET (full day only)

By signing below, I authorize Reach Dane staff to use a weighted blanket with my child _____ during nap time if it is recommended by the occupational therapy consultation. A weighted blanket looks like a regular blanket but has 3-5 lbs of plastic pellets on the inside. Its intended use is to provide deep pressure in order to help children learn how to self-calm and maintain attention to task in order learn to the best of their abilities. A weighted blanket is only used if the child is able to put it on and remove it independently. It is usually only worn for 20 minutes unless recommended otherwise by an occupational therapist. I understand that my child's teacher will discuss this and all other recommendations made by the occupational therapist.

Parent/Guardian Signature Date

(Witness) Reach Dane Staff / Consultant Date

Staff -please copy for parent/guardian

White. Consultant! CJ-JDD date rec'd: _ _ _ _ _ Status: _ _ _ _ _