

**CHILD EVALUATION AND OUTSIDE SUPPORT SERVICES
AUTHORIZATION AND CONSENT FORM**

This "Third Party Child Evaluation and Support Services Authorization and Consent Form" gives authority to a designated, qualified adult to arrange for medical treatment, therapies, and/or evaluations for a minor while in the care of Camp Curiosity, Curiosity Shoppe, and Toddler Center Inc. A valid consent is required for a child to receive any additional services, support, evaluation, and/or observation from any individual(s) and/or organization not employed by Camp Curiosity, Curiosity Shoppe, and Toddler Center Inc. during the scheduled hours of care with and on the campus of Camp Curiosity, Curiosity Shoppe, and Toddler Center.

Child's Full Name _____

Minor's Age _____ Minor's Program of Enrollment _____

PLAN

As the Parent/Legal Guardian of the above child, I authorize the following individual (please list one person per form) to provide the following care, therapy, observation, and/or evaluation to the above child through the organization and according to the plan as listed below:

1. One Individual providing Care/Therapy/Observation/Evaluation Services and/or Communicating about child, Title

2. Plan for Evaluation/Services/Communication/Observation

3. Date Evaluation/Services to begin (consent form will expire annually on September 1st)

4. Schedule for Services to be received during child care as agreed on by individual, parent, and Camp Curiosity Director

5. Governing Organization Providing Evaluation/Services/Communication

6. Address and Phone of Organization

PARENT SIGNATURE OF CONSENT

As the Parent/Guardian, I understand that any child in the care of Camp Curiosity, Curiosity Shoppe, and Toddler Center will not be permitted to be released into the care of any medical personnel, therapists, evaluators, case workers, or social workers, and may not leave the care and supervision of a Camp Curiosity, Curiosity Shoppe, and Toddler Center employed caregiver during his/her evaluation/service requirements. I agree and assure that I, the parent/legal guardian of the above child, have communicated with the individual listed above and have requested that the individual contact the Director of Camp Curiosity, Curiosity Shoppe and Toddler Center to verify the planned schedule prior to the child's first visit with the individual while in the care of Camp Curiosity, Curiosity Shoppe and Toddler Center. I understand if the individual providing services does not contact the Director, that my child's outside support services may be delayed.

Parent/Legal Guardian's Name (Please Print)

Director's Name (Please Print)

Parent/Legal Guardian's Signature

Director Signature

Date

Date