

Handwriting Group Consent Form

I, _____ hereby provide consent for _____
(Print Full Name of Caregiver/Guardian) *Client's Name (Child's Name)*

to participate in Boomerang Health's Handwriting group.

Please place a checkmark next to the statement(s) below that you are in agreement with:

<input type="checkbox"/>	I agree that I have received information about the nature of the group and the expected outcomes
<input type="checkbox"/>	I am aware that a health record was created for my child and that all of his/her records are confidential
<input type="checkbox"/>	I have been informed about how to access Boomerang Health's privacy policy (on the website)
<input type="checkbox"/>	I understand that Boomerang Health will not share any information about my child with outside parties without my written consent (e.g. school, physician, community programs without my written consent)
<input type="checkbox"/>	I agree to comply with all COVID-19 policies and protocols at Boomerang Health
<input type="checkbox"/>	If my child is presenting with COVID-19 symptoms, or has been exposed to COVID-19, I will notify the clinic at least two hours prior to the start of the group to advise the clinic of my child's in-person absence.

Please read and initial next to the policies below that you are in agreement with:

<input type="checkbox"/>	After each group session, an invoice will be provided to show that your child attended the session. If your child has missed a session, we are not able to issue an invoice for that date. We can only issue invoices for services that have been rendered.
<input type="checkbox"/>	We will be taking photographs and videos as part of our group programming. These will be used as reflective exercises and will not be used outside of the group or shared with anyone else.

Name of Caregiver/Guardian _____

Signature of Caregiver/Guardian _____

Relationship to Client *(Child)* _____ Date _____
Month Day Year

