



The Right Track Pediatric OT, LLC

Karen Nassan, MS OTR/L
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Consent to Share Information

I give consent for Karen Nassan, MS OTR/L to exchange information regarding my child(_____), including but not limited to occupational therapy evaluation and treatment, medical reports, academic information and program planning with the people listed below. Information may be shared through written reports, by phone or in person.

Team Member's Name: _____

Team Member's Name: _____

Team Member's Name: _____

Team Member's Name: _____

Parent's Signature: _____

Date: _____