First Step
Pediatric Therapy

Release of Information

Patient name: _____

I, _____, the parent or legal guardian of the patient listed above, give consent to release and/or disclose medical information to the staff and/or treating therapist at First Step Pediatric Therapy for the purposes of discussing details of my child's care as it relates to progress, procedures, outcomes, and other details relating to their physical therapy program to the entities below (please include pediatrician, referring physician, and any other therapists providing care):

Name	Title	Phone Number	Email

Name	Title	Phone Number	Email

Name	Title	Phone Number	Email

Name	Title	Phone Number	Email

Signature: _____ Date: _____