

Consent for Observation

I, _____, (client or parent/guardian name) hereby grant Branched Out Therapy, Inc., and their consultants, contractors or employees to observe _____ (client name) in the following setting(s):

Name of Location

- Day Care _____
- School _____
- Work _____
- Other: _____

for the purpose of: _____

I understand that during this observation, Branched Out Therapy, Inc., their consultants, their contractors, or their employees may speak to providers, clinicians, teachers, employers, etc. about the client and I thereby grant permission for such discussions.

I am the client, parent or legal guardian of the person named below and have the legal authority to provide consent for observation.

Print Name of Client

Date

Signature of Client or Legal Representative

Relationship to Client