**Toileting Permission Form**

I (parent / guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for the staff of Sensory Solutions, LLC to assist my child with their toileting needs if they are not self-reliant and/or an accident occurs. Toileting supplies such as diapers and wipes may be provided to my child in an emergency. I will provide supplies if my child has any special supplies.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ I understand the consent form above and give my permission for my child to be assisted in the bathroom if necessary. In the event the necessary supplies are not available, I will be called to bring supplies and/or pick up my child.

\_\_\_ I DO NOT give permission for Sensory Solutions staff to assist my child in toileting. I understand if my child soils them self, I will be called, and it will be my responsibility to come to the clinic immediately to tend to my child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

­­­­­­­­­­­­­­­­­­­­Print name of parent/guardian Relationship to child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian Date

**Activities of Daily Living (ADLs) Parent Authorization**

I (parent / guardian)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for the staff of Sensory Solutions, LLC to assist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (my child) with dressing/undressing if this is a goal of my child’s. Dressing and undressing may pertain to, but are not limited to, taking off shirts and/or pants as well as putting on shirts and/or pants. Please note that underwear will not be removed, unless working on toileting and the “Toileting Permission Form” has been signed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ I DO understand the consent form above and give my permission for my child to work on dressing and undressing in any manner related to the goals my child’s therapist has developed for my child

\_\_\_\_ I DO NOT give permission for Sensory Solutions’ staff to work on dressing and undressing in any manner related to the goals my child’s therapist has developed for my child (\*\*Please note, this may limit the goals your child’s therapist is allowed to address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print name of parent/guardian Relationship to child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of parent/guardian Date