



# HAND SKILLS FOR CHILDREN

## Registration Form

### A. Student Information

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

School: \_\_\_\_\_ Date of Birth: Mth/Date/Year

Emergency Contact: \_\_\_\_\_

Please describe your child's difficulties: \_\_\_\_\_

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### B. Medical Information

Diagnosis (if applicable): \_\_\_\_\_

Allergies:  yes  no \_\_\_\_\_

Glasses:  yes  no \_\_\_\_\_

Significant Medical information (major illnesses, surgeries etc.): \_\_\_\_\_

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### C. About your child

Is your child receiving any extra help and/or accommodations school?

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Is your child independent with self-care (e.g., dressing, toileting, buttons, zippers, and feeding)?

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Does your child participate in any extra curricular activities (e.g., swimming or sports?)

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What are your child's favorite pass times, toys and/or games?

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### D. Consent to Assessment & Treatment

The following information will be reviewed with me:

- The assessment format and scope (i.e. scissor skills, printing, and fine motor skills)
- Occupational Therapy goals established in consultation with myself (parent/guardian) and the assessment results
- The proposed treatment program including the activities that will be presented to my child during the session
- The alternative course of action including the option of no treatment/service
- Benefits, risks and possible side effects of Occupational Therapy service

I've been informed that:

- Any changes to the occupational therapy goals and/or treatment program will be discussed with the parent first
- The parent can choose to end treatment at Hand Skills for Children at any time
- The parent can withdraw consent at any time
- When service ends my child will no longer be a client of Hand Skills for Children
- Hand Skills for Children will request to renew parent consent on a yearly basis, if the student is receiving service for more than one year

Given the above, I consent to my child's participation in the proposed Occupational Therapy assessment and treatment sessions at Hand Skills for Children:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Date

### E. Consent to obtain and release information for Treatment purposes:

I hereby authorize Hand Skills for Children to gather, obtain, and release information relevant or necessary for the purpose of providing services to my child as it relates to his/her fine motor skills, disability (if applicable), participation in the treatment program, as discussed, from:

Family Physician or Pediatrician: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Other (teacher, family member or therapist): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Gathering, obtaining and releasing information may involve the following: send copies (by e-mail or mail), or provide a verbal or written report of my child's assessment, treatment plan, progress report and/or discharge report as applicable to the individual (s)/ organizations named. Obtain and gather written or verbal information relevant to my child's fine motor difficulties from the individual (s)/organizations named.

For further information on what Hand Skills for Children uses your personal and medical information and how we protect this information please refer to the parent welcome letter or speak with your Occupational Therapist, or Lizette Alexander OT Reg. (Ont) at our main office at **647-236-4263**.

I understand that my authorization to release, gather, and obtain information ends when my child is no longer attending a Hand Skills for Children program or I withdraw my authorization.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Date

39 Fielding Avenue, Toronto, Ontario, M4J 1R4  
E-mail: [handskills.for.children@gmail.com](mailto:handskills.for.children@gmail.com)  
[www.handskillsforchildren.com](http://www.handskillsforchildren.com)

Please make cheque payable to Hand Skills for Children. We reserve the right to reschedule or cancel any of the listed programs. Cheques will be refunded in full under these circumstances.