



Consent for Intervention

I, the undersigned client or parent/guardian authorise the Occupational Therapist, Speech and Language Therapist, Physiotherapist, Integrative Therapist (please delete as necessary) to:

- **Perform Assessments**
- **Carry out therapeutic interventions**
- **Provide recommendations, resources and training**

As deemed necessary for client.

I understand this intervention maybe carried out in my absence e.g. at school and that results of the assessment and the recommendations will be discussed with me.

Signed: Name _____ Date _____

Address _____

Relationship to Client _____

Consent for face-to face interventions during Covid -19 Pandemic

I, the undersigned have read the Evolve-CTS Policy in relation to Covid-19.

I agree to alert the treating therapist and/or Evolve Management team if there are any changes to circumstances resulting in face to face intervention becoming unsafe.

Risk Assessment for face to face visits during Covid-19

Have you or any member of the household been exposed to Covid -19 in the last 7 days? Yes/No

Could the clients therapeutic requirements be met through a remote intervention Yes/No

Is the client able to actively social distance? Yes/No

Is there outdoor space available for intervention Yes/No If no, is the indoor space ventilated Yes/No

Are you happy for touch-based intervention to take place with appropriate PPE Yes/No

Signed: Name _____ Date _____

Address _____

Relationship to Client _____

Photo/Video Consent

EVOLVE-CHILDREN'S THERAPY SERVICES LIMITED

is a limited liability company registered in England and Wales with its registered office at

7, Grange Way, Hartley, Kent, DA3 8ES. Company Number 08544486. ICO Membership No. ZA014091



I, _____ grant permission to Evolve Children's Therapy Services Ltd, to use photograph(s), video or electronic media images of myself or child as it relates to therapy intervention. I give permission to have such photographs, video or electronic images

- sent to me via mail, email or text
- used for educational purposes in-house
- used for educational purposes out to wider audiences
- used for promotional or advertisement purposes as it relates to Evolve Children's Therapy Services Ltd

- Evolve Children's Therapy Services Ltd website and promotional material.

I understand that I may revoke this authorization at any time by notifying Evolve Children's Therapy Services Ltd in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be kept as long as they are relevant and after that time destroyed.

Parent/Guardian Name _____
Child's Name _____
Phone _____ Email _____
Signature _____ Date _____

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