



Feeding & Swallowing Program: Release of Liability

Child's Name: _____

Responsible Party: _____

Relationship to the Child: _____

Your child has been evaluated and will receive skilled treatment by one of our trained and licensed occupational therapists and/or speech therapists. During your child's treatment sessions, it is highly encouraged that you observe and/or participate in the treatment sessions to ensure carryover of feeding recommendations at daycare, home, and school.

Clinicians are not allowed to provide medication in any form to a client. Medication must be provided by the parent. If a client has a severe allergy that may require use of an epi pen, you are required to remain onsite during feeding therapy.

Your child's feeding therapist may recommend referrals to other specialists, such as GI doctors, and referrals for additional testing, such as a Modified Barium Swallow Study. If your child demonstrates oral-motor deficits that impact your child's safety during swallowing, your feeding therapist will recommend a specific diet for mealtimes.

These recommendations for referrals, additional testing, specific diets, and home programming recommendations are made to ensure your child's safety during mealtimes and ensure that your child makes appropriate progress towards all goal areas in your child's plan of care.

I, _____, parent of _____, hereby acknowledge that failure to follow these recommendations may be placing my child at risk for choking and aspiration (refer to parent education forms), which may lead to further medical concerns, such as respiratory illnesses. Failure to complete prescribed home programming recommendations may result in lack of progress towards goal areas.

Signature/Relationship to Child

Date