Pediatric Therapy

**Food Permission/Dietary Information**

Child's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Food Permission/Dietary Information**

Please complete the following to inform Sensational Kids, LLC staff of your child’s diet

restrictions and in order to allow your child to participate in snack activities.

\_\_\_\_\_\_\_ My child may participate in snack time and has no diet restrictions.

\_\_\_\_\_\_\_ My child may participate in snack time if the following diet restrictions

 are observed.

Diet Restrictions:

\_\_\_\_\_\_\_ My child may participate in snack time; however, I will provide his/her

 snack.

\_\_\_\_\_\_\_ My child should **not** participate in snack time.

Please list the food(s) your child is motivated to eat:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Is there anything else we should know about your child?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Video and Picture Release**

\_\_\_\_\_ I give permission for my child's picture/video to be used by Sensational Kids, LLC for

the purpose of training other professionals or paraprofessionals.

\_\_\_\_\_ I give permission for my child's picture/video to be used by Sensational Kids, LLC for marketing/publicity.

\_\_\_\_\_ I do not wish my child's picture/video to be used for any purpose other than training his/her specific clinical team.

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