

Shelby Hills Early Childhood Center

1200 SOUTH CHILDREN'S HOME ROAD
SIDNEY, OHIO 45365-7731
937-498-4565 • FAX 937-498-0085
www.shelbydd.org

Toni Custer, Director



"Celebrate Childhood"

Dear Parents / Guardians:

Ohio law governing the practice of physical therapy requires me, with your permission, to notify the health care provider of your choice that your child will receive physical therapy services at school as established in the IEP. I will notify the health care provider you specify below. This can be a family physician, a pediatrician or a specialist.

If you do not want me to inform your child's physician, he / she will still receive PT services as determined by the IEP team.

Please complete the form below including the physician's address and / or phone number, sign and return it to your child's teacher.

Sincerely,

Elizabeth Scott, PT

Student's name: _____ Date of Birth: _____

- I give permission for my child's physician to be notified that he / she is receiving physical therapy services.

The physician I would like notified is: _____

Physician's Address: _____

Physician's phone number: _____

- I do not give permission for my child's physician to be notified that he / she is receiving physical therapy services.

Parent's or guardian's signature: _____ Date: _____