



30252 Tomas Suite 100, Rancho Santa Margarita, CA 92688 Ph: 949-459-1658 Fax: 949-459-1667

## Consent for Parent Observation

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

I understand that other parents may observe my child in therapy and/or early intervention programming while those parents are with their own child in therapy and/or early intervention programming.

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Parent Signature

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Date

## Consent for Bathroom Release

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

I authorize Rainbow Kids Achievement Center to allow my child to use the bathroom with the assistance and supervision from Rainbow Kids Achievement Center staff. If my child is not toilet trained, I authorize Rainbow Kids Achievement Center staff to provide diaper changing if it is required during my child's visit at Rainbow Kids Achievement Center. If adequate supplies for diaper changing are not available and not provided by parent, I understand that the session may be suspended until adequate supplies are available.

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Parent Signature

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Date

Date:  
Consent for Parent Observation and Bathroom Release