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Jamey Wolff Program Director **Susan Buckler** Administrative Director
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Student's Name: _____

****Please indicate yes or no to each consent:**

Consent for Community Trips

I give my permission for my child to take trips into the community for field trips and for other educational purposes. Transportation will be provided by our contracted bus company. Staffing is provided by Spectrum Services. Signing the appropriate consent will cover all of these trips

_____ YES _____ NO

Consent for Self-Care/Hygiene Program

I give permission for my child to participate in the self-care hygiene program, in order to develop skills to care for his/her own needs more independently. Skills include grooming, changing clothes, toileting, nail and dental care, showering, etc. Teaching will occur in natural settings whenever possible and will be individualized for each individual child's needs.

_____ YES _____ NO

Consent for Media Permission

I give my permission for my child to participate in public media events that may include any or all of the following: videotaping/photographing, use of first name and artwork presented in the school, printed media materials such as flyers or brochures, on Center for Spectrum Services website and social networking sites such as Facebook, Instagram and YouTube.

_____ YES _____ NO

Consent for Scripts

Each year we require a script from your physician so that we can provide the necessary related services (i.e. occupational therapy, physical therapy, speech and when necessary counseling) for your child. We would like to assist you in this process by offering to obtain the script directly from your physician. If you approve, please provide us with the name of your primary care physician and/or medical facility.

_____ YES _____ NO

Physicians' Name

Physicians' Facility

Consent to Share Phone Number/E-mail Address

I give permission for The Center for Spectrum Services to share my phone number/e-mail address with volunteers in order to communicate school and fundraising information.

E-mail Address _____

_____ YES _____ NO

Parent Signature

Dated

This consent is for the duration of the student's enrollment at Center for Spectrum Services or until such time the parent requests a change. If you have any questions about these consents, please contact your Family Service Coordinator.