



### CONSENT, PERMISSION FOR DIAPERING AND/OR TOILETING OF CLIENT

Clients may require diapering and toileting due to their age, health, physical, or mental problems which necessitate the use of diapers, changing of diapers by another, and toileting to be provided by another. These clients may require changing while receiving therapeutic services with us. These tasks will be performed with dignity and respect for the client in a private, safe, secure setting.

It is important for our clients to feel positive about using the toilet at our centers. This is particularly important during the primary school years, where healthy habits for eating, drinking and bladder and bowel awareness are being formed for life.

Caregivers, please be aware that going to the toilet anywhere outside of their home can be a problem for some clients. As a result, some clients will 'hold on' and not use the toilet outside of their home. This can lead to health problems, such as constipation.

I hereby give consent and permission to Therapies4Kids, Bright Steps Forward, and/or T4K Adults to assist \_\_\_\_\_ (print name of client), age \_\_\_\_\_ in his/her diaper changing and/or toileting needs. (Please bring diapers and diapering supplies, if diapers are to be utilized, to each therapy session)

Name (print) \_\_\_\_\_

Signature of legal custodian/representative \_\_\_\_\_

Relationship to Client \_\_\_\_\_

Date \_\_\_\_\_

- I am revoking consent to Therapies4Kids, Bright Steps Forward, and/or T4K Adults to assist \_\_\_\_\_ (print name of client), age \_\_\_\_\_ in his/her diaper changing and/or toileting needs.

Name (print) \_\_\_\_\_

Signature of legal custodian/representative \_\_\_\_\_

Relationship to Client \_\_\_\_\_

Date \_\_\_\_\_

Please note, that if revocation of consent is selected, you must not leave the premises so that in the event the client needs diapering and/or toileting, you may assist him/her.