



ALL ABOUT KIDS™

Evaluations & Therapy Services For All Children

www.allaboutkidsny.com

CONSENT (Proxy) TO PERFORM EVALUATION AT SCHOOL WITHOUT PARENTS ATTENDANCE

Child's Name: _____ D.O.B. _____

I give consent to my child's school, _____ to allow an Evaluator from **All About Kids** to perform my child's evaluation at, and during school hours. I also give consent to my child's teacher and/or Director of his or her school to release any information if and when the Evaluator has any questions regarding my child.

School: _____ School Phone #: _____

School Director: _____ School Teacher: _____

Facility: _____ Fax #: _____

Address: _____

This release can be withdrawn at any time by writing to **ALL ABOUT KIDS** at;
145 Huguenot Street, Suite 404 New Rochelle, NY 10801.

Parent/Guardian Signature Date

Relationship to child: _____

Executive Office

Nassau
255 Executive Drive,
Suite LL 105/108
Plainview, NY 11803
516-576-2040
Fax: 516-576-2131

Suffolk
150 Vanderbilt Motor Pkwy,
Suite 401
Hauppauge, NY 11788
631-439-6860
Fax: 631-439-6861

Queens
Manhattan
37-11 35th Ave,
Suite 3C
Astoria, NY 11101
718-706-7500
Fax: 718-706-9595

Brooklyn
25 Chapel Street,
Suite 704
Brooklyn, NY 11201
718-522-7300
Fax: 718-522-5280

Bronx
3140B
E. Tremont Avenue
Bronx, NY 10461
718-239-4147
Fax: 718-239-4310

Westchester
145 Huguenot Street,
Suite 404
New Rochelle, NY 10801
914-251-0905
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