

Consent of the legal guardian (in joint custody with separate households)

Hereby I declare my consent that my child:

Surname:

Name:

Date of birth:

will be introduced to the IFF (Early Intervention Center, Rems-Murr-Kreis) in order to receive a diagnosis of (special) educational and therapeutical needs. My child will receive therapeutical treatment and/or paedagogic interventions. The „Förder- und Behandlungsplan“ we will discuss together is the fundament for my child's treatment.

The Early Intervention Center (IFF) confirms that all documents will be given to both legal guardians.

I am informed that I may always have the opportunity to receive information about the therapeutical/educational measures taken and the ensuing development.

For this I may contact the therapists and/or paedagogues and make an appointment for a counselling session.

I am also informed that I can withdraw my declaration of consent at any time.

Surname	
Name	
Address	
Telephone	
E-Mail	

City, Date

Signature