Bloom & Grow
CHILD & FAMILY THERAPY

Warm, practical, neurodiversity-affirming care for children and the people who love them.
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Kaka House, Gate 2, Maua Close, off Muthithi Road, Westlands, Nairobi

Consent for Assessment and Therapy

Parent or legal guardian consent for a child under 18

Please read this form carefully. It explains the care we offer and asks for your permission to assess your child and provide therapy. Ask us about anything that is unclear before you sign. You can withdraw your consent at any time.

Fields marked * are required. You can type into this form on screen, or print it and complete it by hand.

1. About your child

Child's full name *

Name your child likes to use

Date of birth * DD/MM/YYYY

School or nursery

2. Parent or legal guardian

Your full name *

Relationship to the child *

◯ Mother ◯ Father ◯ Legal guardian
◯ Other person with parental responsibility

Phone number *

Email address *

Emergency contact name (someone other than you) *

Emergency contact phone number *

3. Services you consent to

Tick every service you give consent for. If we later recommend a service that is not ticked here, we will explain it and ask for your consent first.

Tick all that apply *

- ☐ Developmental or autism assessment
- ☐ Occupational therapy
- ☐ Parent coaching
- ☐ Speech & language therapy
- ☐ Behavioral therapy
- ☐ Social connection groups

Other service (please describe)

4. What assessment and therapy involve

Assessment. We get to know your child through play, observation, conversations with you and, where suitable, standardised assessment tools. We explain what we find and agree goals with you.

Therapy sessions. Sessions are play-based and follow your child's interests. Depending on the service, they may include movement and sensory activities, hands-on guidance (for example, helping your child hold a pencil or position their body), communication and mouth-movement activities, and practising everyday routines. Your therapist will explain activities before they start.

Home and school activities. We may suggest activities to practise between sessions. Every child progresses at their own pace, and we cannot guarantee particular results.

Benefits and risks. Therapy aims to support your child's development, independence and participation in daily life. Risks are usually low. Your child may feel tired, frustrated or uncomfortable during some activities, especially new sensory experiences. We watch closely, offer breaks and stop any activity that causes distress.

Your child's voice. We explain activities in a way your child can understand and respect their signs of discomfort or refusal. If your child is unhappy with part of their therapy, we will talk with you about it.

Your role. Please share information relevant to your child's care, including changes in health or medication. A parent, guardian or adult you have authorised should stay at the centre during sessions unless we agree otherwise, and collect your child on time.

Online sessions. Some sessions, reviews or parent coaching may take place by video call if you agree below. We use a secure platform, and an adult should be present with your child.

5. Confidentiality and records

- We keep your child's records confidential and store them securely, in line with Kenya's Data Protection Act, 2019 and our privacy policy.
- Only the clinicians and authorised staff involved in your child's care can see their records. We may discuss your child's care in confidential clinical supervision to maintain quality.
- We will not share information with a school, doctor or other provider without your permission, except where the law requires or allows it. For example, if we believe a child is at risk of harm, we must report it to the relevant authorities under the Children Act, 2022, and we must comply with a court order.
- You may ask to see or correct your child's records by contacting the centre.

6. Optional permissions

These permissions are separate and optional. Saying no will not affect your child's care. We never use your child's photos, videos or story for marketing or social media without separate written consent.

Share relevant information with my child's school or nursery to support their goals	**Yes** ◯	**No** ◯
Share relevant information with my child's doctor or other health providers	**Yes** ◯	**No** ◯
Take photos or video of sessions for clinical records, progress tracking and supervision only (never published)	**Yes** ◯	**No** ◯
Provide online (video call) sessions when suitable	**Yes** ◯	**No** ◯

Names of the school, doctor or providers we may contact

7. Health and safety

Allergies, medical conditions, medicines or safety needs we should know about

8. Declaration

Please tick each statement to confirm it.

- ☐ I am this child's parent or legal guardian with parental responsibility, and no court order stops me from consenting to this care.
- ☐ I have read and understood this form, and I have had the chance to ask questions.
- ☐ I consent to Bloom & Grow assessing my child and providing the services I have ticked above.
- ☐ In an emergency, I authorise staff to give first aid and to call emergency medical services for my child if I cannot be reached in time. Staff will contact me or my emergency contact straight away.
- ☐ I understand I can withdraw this consent at any time by telling the centre in writing. Withdrawal does not affect care already given or fees already due.
- ☐ I understand this consent lasts for the course of my child's care. The centre will ask me to review it at least once a year, or sooner if services change.

9. Sign this form

Parent or legal guardian

Signature

Full name

Date DD/MM/YYYY

Second parent or guardian (optional)

Signature

Full name

Date DD/MM/YYYY

For clinic use

Therapist name

Therapist signature

Date

Identity and parental authority checked by