



Our Lady of the Assumption Preschool Consent to Collaborate

I give consent for OLA Preschool to share information and collaborate with community teachers and therapists, as well as our personal specialists who work with our child. I understand that, in order to work with my child in the school/classroom, all therapists must provide a current background check and complete VIRTUS, the Archdiocesan safe environment training.

Child's Name _____

Therapist Name _____

Therapist Contact number/email _____

Company _____

Date/Timeline for Therapies _____

Parent Name _____

Signature _____ Date _____