

## Aquatic Therapy Parent Form

Student Name: \_\_\_\_\_

Teacher: \_\_\_\_\_

Dear Parent,

As a part of the physical and occupational therapy program developed for your child, the school personnel have recommended his/her participation in the aquatic therapy program at BOCES at the current time. It is our hope that this will further promote the success of many of their therapeutic goals. The program is held during the regular school hours at our aquatic therapy center. Our therapy pools are heated between 90 and 94 degrees.

Please provide the following for your child:

- Bathing suit
- Towel
- Swim diaper (for those students who are not toilet trained)
- Necessary medical supplies (waterproof covering for G or J tube, ear plugs, bathing cap, etc.)

Please let us know if any medical changes arise throughout this school year so that we can continue to provide the most therapeutic environment for your child and all the children that we serve at PNW BOCES. If you would like to speak further, please contact your building principal.

Sincerely,

Csilla Mate  
Principal  
Pines Bridge, Transitions

Matthew Tucker  
Principal  
CLASS program, The Learning Center

**Sign and return this entire paper to your school principal:**

I give my permission for my child to participate in the aquatic therapy program at PNW BOCES and will provide the necessary items needed for their participation.

I do not want my child to participate in the aquatic therapy program at PNW BOCES at the current time.

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Parent/Guardian Signature

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Date

*Service and Innovation Through Partnership*