Consent

The statements below require a YES/NO answer:

Video Recording

I give consent for the therapist to use video recordings for assessment and therapy purposes. Recordings will be deleted after they have been used. YES ☐ NO ☐

Email Consent

I give consent for the therapist to contact me via email and send correspondence such as appointment letters and reports. YES ☐ NO ☐

If YES, please state your email address:

I give consent for the therapist to contact relevant professionals via email and send correspondence such as reports. YES ☐ NO ☐

By signing below, I am agreeing to the above terms and conditions.

Signed:

Date:

Parent/carer's name:

Child's name:

Therapist's name:

Signed by therapist:

Date:

07813 203 486
sarah@smalltalkspeechtherapy.co.uk
@smalltalkspeechtherapyforchildren
www.smalltalkspeechtherapy.co.uk

smalltalk