Sarah Lansdowne
Independent Speech & Language Therapist
BSc (Hons); MRCSLT; MASLTIP; HCPC reg

Consent

Child's name	
Child's D.O.B.	

I confirm that I consent to the following (please tick each):

- ○ The Speech Therapist providing speech and language therapy input (assessment and/or therapy) for my child.
- ○ The Speech Therapist assessing, observing and offering therapy in my child's school without my presence.
- ○ The Speech Therapist liaising with other professionals involved in my child's care (e.g. nursery or teaching staff, Health Visitors, G.P., Educational Psychologist and other medical or education staff). Liaison may take place face-to-face or via email or telephone.
- ○ The Speech Therapist liaising with my child's NHS Speech and Language Therapist where there is one involved and obtaining written and/or verbal information regarding their therapy.
- ○ The Speech Therapist video recording my child for the purposes of assessment and/or therapy and this being stored on a secure electronic system.
- ○ The Speech Therapist storing information about my child for the purposes of assessment and/or therapy and this being stored on a secure electronic system.

Name	
Signature	
Date	
Relationship to the child	