



### Consent Form

I agree to have my child, \_\_\_\_\_, receive a speech language therapy evaluation and/or treatment.

I would like my child to receive therapy at home / daycare (please circle).

### Confidential Release of Information

I hereby authorize Advantage Speech Therapy Services, Inc. to obtain and/or release pertinent information concerning \_\_\_\_\_ (child's name).

It is my understanding that this information will not be shared with any other entity without my prior knowledge. I further acknowledge that the use of this information is to ensure the best quality of care possible for my child.

I agree to allow my child's picture and/or video to be posted on:  
(check the ones you give consent for)

- Advantage Speech Therapy website
- Advantage Speech Therapy on Social Media (Twitter, Instagram, FB, Pinterest etc)
- Promotional YouTube video
- Advertising Materials (Ex. brochure, fliers etc)
- I do not give permission for any of the above.

\_\_\_\_\_  
Parents/Guardians

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parents/Guardians

\_\_\_\_\_  
Date