**Consent Form**

Parents name:………………………………………………………………………………………………………………………

Child’s name:………………………………………………………………………………………………………………………….

I give my consent for the following:

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Laura Easton, speech and language therapist to share information with my child’s school staff about my child’s careLaura Easton, speech and language therapist to share information with my child’s health professionals about my child’s care |  |  |  |
| Videoing as a method of delivering speech and language therapy |  |  |
| To be contacted by Laura Easton, speech and language therapist after an agreed amount of time about a review assessment if one is recommended |  |  |

|  |  |  |
| --- | --- | --- |
| To be contacted by Laura Easton, speech and language therapist about appointments, progress and invoices via: |  **Yes** |  **No** |
| Post………………………………………………………………………………….. |  |  |
| Text…………………………………………………………………………………… |  |  |
| Email…………………………………………………………………………………. |  |  |
| Phone………………………………………………………………………………... |  |  |
| To be sent reports via:   |  **Yes**  |  **No** |
| Post……………………………………………………………………………………. |  |  |
| Text……………………………………………………………………………………. |  |  |
| Email…………………………………………………………………………………. |  |  |
| Post……………………………………………………………………………………. |  |  |

Date:……………………………………………………………….

Signed:……………………………………………………………