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|  | Consent Form |  |  |
|  | *Please tick as appropriate and sign below.*  I give consent for my child to be assessed by the Speech and Language Therapist.  I give consent for the Speech and Language Therapist to liaise and consult with other individuals (e.g. professionals) involved with my child.  I give consent for my child to receive support from the Speech and Language Therapist. This may include sharing resources, modelling or direct therapy with the child.  I give consent for the Speech and Language Therapist to contact me by email. I understand this is not a secure method of communication and as such are advised to use initials instead of the child’s name.  I give consent for the Speech and Language Therapist to contact me by telephone.  **Parent/Carer Name:**  **Signature:**  **Relationship to Child:**  **Date:**  If you do not consent to any of the above, please specify: **……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………** |  |  |