The Speech Space
Play, Talk, Grow

Consent for Services

I _____ (parent/guardian), give my permission to The Speech Space, LLC to exchange information with the following physicians, programs, or other persons:

_____ _____
_____ _____
_____ _____

about _____, whose date of birth is _____.
(name) (DOB)

I also give permission for therapists of The Speech Space, LLC to provide evaluation, treatment, and consultative services to the above-mentioned client.

I understand that fees for services provided are due at the time of treatment or upon receipt of the invoice.

_____
(legal guardian signature) (date)

_____
(witness) (date)