



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)