

CONSENT FOR VIDEO

As the parent/guardian of _____, I hereby _____ consent _____
do not consent, for **LT Speech & Language Therapy** to use video for the purposes of:

- aiding the evaluation and treatment of speech and language processes;
- tracking speech and language progression.

Video will not be viewed by anyone aside from representatives of Laura Tortora without prior written permission from myself or _____ (additional caregiver).

Signature

Date

I, _____ give permission for **LT Speech & Language Therapy** to show video
recorded of my child on _____ to _____ for the purposes of
_____.

Parent/ Caregiver's Signature

Date

I, _____ give permission for **LT Speech & Language Therapy** to show video
recorded of my child on _____ to _____ for the purposes of
_____.

Parent/ Caregiver's Signature

Date

I, _____ give permission for **LT Speech & Language Therapy** to show video
recorded of my child on _____ to _____ for the purposes of
_____.

Parent/ Caregiver's Signature

Date

I, _____ give permission for **LT Speech & Language Therapy** to show video
recorded of my child on _____ to _____ for the purposes of
_____.

Parent/ Caregiver's Signature

Date