



CONSENT FOR SERVICES

I, _____, the parent/legal guardian of _____, hereby authorize Small Talk Pediatric Speech Therapy, LLC to render appropriate evaluation and therapy services for my child as prescribed by a physician and/or recommended by a speech-language pathologist. I understand that care will be provided by a qualified, licensed, and trained health professional. I understand and am informed that minimal risk may be involved. I understand that I have the right to ask about these risks and have any questions answered about my child's condition, prior to treatment. I acknowledge and agree that a parent or legal guardian must be present during each treatment session. I have carefully read and fully understand this Informed Consent Form and have had the opportunity to discuss it with the treating therapist. I understand that I may withdraw my consent regarding Small Talk Pediatric Speech Therapy, LLC rendering evaluation and therapy services to the client named below.

Print Name of Client and DOB

Date

Signature of Client or Legal Representative

Relationship to Client

