



PERMISSION FOR AUDIO/VIDEO TAPING

YES NO

I allow Milton Speech Pathology, MSP to audiotape and/or videotape my child to be used for diagnostic and/or therapeutic purposes only. I understand all information will be kept confidential.

YES NO

Permission To Use Authorized Photos:

I permit Milton Speech Pathology, MSP to use authorized photos of my child for print mailings and/or on the Milton Speech Pathology, MSP website. I understand that I have to approve of the photo and that I can choose to refuse posting at anytime.

Signature of Patient or Legal Guardian

Relationship to Patient

Print Clients Name

Date