

## Speech and Language Therapy Consent Form

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

1. I give consent for to my child to be assessed by the Speech and Language Therapist (Anna Kelly) in school and for follow up intervention to be provided as needed.
2. I give consent for the Speech and Language Therapist to liaise with other professionals within school.
3. I give consent for the Speech and Language Therapist to liaise with other professionals outside of school (e.g. NHS Speech and Language Therapist, Health Visitor, Paediatrician).
4. My child already sees an NHS Speech and Language Therapist.  
*(If yes, please provide contact details if known).*


**NHS Therapist name:** ..... **Tel:**.....

**NHS email address:**.....

**Parent/Guardian name:**.....

**Parent/Guardian signature:**..... **Date:**...../...../.....

**Address:**.....

**Telephone number:**..... **Mobile:**.....

**Email:**.....