

## CONSENT FORM

Name of Parent/s or Carer:		Date:
Child's First Name:	Last Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth:	Age:

Child's Postal Address:		
_____		
_____		
Phone:	Email:	Mobile:

## CARER

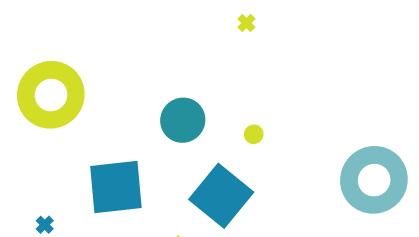
Parent's/Carers Postal Address:		
_____		
_____		
Phone:	Email:	Mobile:

## SCHOOL

Name of School:	Year Level:	Teacher:
Name of SSO (or other) assisting child at school:		

## CULTURAL VALUES

<p>Cultural/Religious/Migration/Values: Are <input type="checkbox"/> No    <input type="checkbox"/> Yes (If yes, please detail):</p> <p>there any cultural, religions, migrations or values that you would like Karen to be aware of in the development of the assessment process or therapy plan?</p>	<p>_____</p> <p>_____</p>
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I, \_\_\_\_\_ hereby give permission to Karen Cresshull to conduct an speech and language (feeding) assessment and therapy with my child. I have been supplied with information regarding confidentiality, privacy and my rights in relation to speech therapy.

- I do give permission for Karen Cresshull to contact my child's teacher
- Karen Cresshull is a member of Speech Pathology Australia
- I consent to email correspondence (I fully accept that digital copy of letters, reports, invoices or correspondence is considered fully secure and I accept the privacy risk associated with digital correspondence)

Signature:

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Witness:

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Full Name:

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Full Name:

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Date signed:

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Date signed:

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