

Child Client
Permission to Audio and/or Video Record

I agree to allow audio and/or video recordings of the treatment and/or evaluation sessions of my child _____ to be made during the course of his (her) treatment at the Ludden Speech and Language Clinic.

I understand that these recordings will be used only for research and/or educational purposes, such as, lectures, workshops and inservices. No identifying information about my child (e.g. last name, address or birthdate) will be provided during the presentations. The recordings will be identified by first name and age only.

Person completing this form: _____

Are you the Parent or Legal Guardian? _____
(Circle One)

Signature: _____

Date _____

Please note that this form must be signed by a child's parent or legal guardian.