

Child Contact Information

Client Name: _____ Date _____

Parent or Legal Guardian:

Name _____ Relationship _____

Home _____ Cell _____

Work _____ E-Mail _____

Emergency Contact:

Name _____ Relationship _____

Home _____ Cell _____

Work _____ E-Mail _____

Emergency Contact:

Name _____ Relationship _____

Home _____ Work _____ Cell _____

_____ I grant permission for the Ludden Speech and Language Clinic to leave messages regarding appointments or scheduling, and requests for me to call the Clinic on the telephone numbers indicated above.

_____ I grant permission for the Ludden Speech and Language Clinic to send messages regarding appointments or scheduling, and requests for me to call the Clinic at the email addresses listed above.

_____ I grant permission for the Ludden Speech and Language Clinic to contact the Emergency Contact Persons at the above numbers in case a parent or guardian cannot be reached.

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.