

**Permission for Adult Other than the Parent or Legal Guardian to Observe Therapy and/or Diagnostic Sessions**

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization is granted to the Ludden Speech and Language Clinic to allow the following person(s) to observe my child's therapy and/or diagnostic sessions.

\_\_\_\_\_  
(Initial)

Authorization is granted to the Ludden Speech and Language Clinic to share information about my child's therapy and/or diagnostic sessions, including homework, with the following person(s). \_\_\_\_\_

(Initial)

Authorization is granted to the Ludden Speech and Language Clinic to release my child to the following person(s) at the end of diagnostic and/or therapy sessions.

\_\_\_\_\_  
(Initial)

The following adult(s) over the age of 18 years may be bringing or picking up my child for therapy and/or diagnostic sessions:

1. \_\_\_\_\_

2. \_\_\_\_\_

**This form will remain in effect until written notification of cancellation is received. Initial each of the 3 items above and sign below:**

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.**