



## INFORMED CONSENT FOR SPEECH THERAPY

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_, hereby request and consent to Kid at Heart Therapy, LLC to perform treatment and care for my child as prescribed by a physician and/or recommended by a speech-language pathologist.

I understand and am informed that, as in the practice of medicine, speech language and feeding therapy may have some risks. I understand that I have the right to ask about these risks and have any questions answered about my child's condition, prior to treatment.

I acknowledge and agree that a parent or legal guardian must be present during each treatment session.

I have carefully read and fully understand this Informed Consent Form and have had the opportunity to discuss it with the treating therapist.

I consent and authorize Kid at Heart Therapy, LLC to administer treatment under the direction and supervision of a certified speech-language pathologist.

\_\_\_\_\_  
Signature of Parent/ Legal Guardian

\_\_\_\_\_  
Date