



Speech4Kids

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13577 NW 2nd Lane

Suite 30

Newberry, FL 32669

Patient's Name: _____ Date of Birth: _____

INFORMED CONSENT AND AUTHORIZATION FOR SERVICES

I understand that I am requesting a private speech-language evaluation and/or treatment for my child as prescribed by a physician and/or recommended by a speech-language pathologist. I understand that this care will be performed at my own expense by Speech4Kids of Gainesville. My signature below indicates that I am entering into this professional relationship freely and voluntarily, with full knowledge of the implications of the agreement. I have read and agree with the terms stated herein, and consent to speech-language services.

Patient or Parent/Guardian Signature

Date

Speech-Language Pathologist

Date

