Professional Speech & Language Therapy, Inc.
Speech Therapy Services
1514 E. Cleveland Avenue, Suite 101B, East Point, GA 30344
Phone: (678) 608-9601 • Fax: 1 (800) 420-4398

Permission for Evaluation and Treatment

I, _____ (Parent's/Guardian's Name), give Professional Speech & Language Therapy, Inc. permission to evaluate and provide treatment for _____ (Child's Name) _____ (Date of Birth). I know that all records will remain confidential and will not be released without my permission and signed consent. I understand that I have the right to review all records pertaining to his/her care at my request.

_____
Parent's/Guardian's Signature

_____
Date