



Consent Form for Audio/Video Taping and Photography

I give my permission for Myself or my Child _____
(print full name)

to be photographed or Audio/Video taped at Milwaukee Myo/Mequon Speech and Learning Connection for the purposes of teaching and/or review assessment and further study.

Parent/Guardian/Adult Patient printed name

Signature

Permission for Observation

YES, I will allow my child or myself to be observed by students (including, but not limited to, speech-language pathology and medical) while in session for speech therapy for the purpose of ongoing education. I understand sessions will remain confidential and no personal information will be shared or used outside of the therapy room.

NO, I do not give permission for my child or myself to be observed during therapy.

Parent/Guardian/Adult Patient printed name

Signature