



Pediatric Speech Therapy, LLC

Clifton Square
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Permission to be Photographed or Videotaped

I, _____, give my consent to my child _____
to be videotaped or photographed during a speech and language therapy session by Pediatric
Speech Therapy, LLC, for the purpose of assisting in formulating treatment plans or objectives,
assisting in professional education, teaching or data collection.

Signed by: _____

Relationship to Patient: _____

Date: _____