



Speech and Language Pathology Services  
School District #58 (Nicola-Similkameen)  
P.O. Box 4100, Merritt, B.C. V1K 1B8  
Phone: (250) 378-2948 Fax: (250) 378-4498

## Parent Consent Form

**\*\*To be signed by parents/legal guardians\*\***

### Consent for Service

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_,  
Parent/legal guardian name (please print) Child's full legal name (please print)

consent for my child to receive speech and/or language assessment and therapy (if required) provided by the School District 58 Speech and Language Services team.

I give consent for members of my child's Speech and Language Pathology Services team to disclose necessary assessment, diagnostic, and treatment information to relevant school-based team members at my child's school and other members of my child's health, education, and children's services team.

*I understand that this consent is effective upon signing and is valid until the student speech and/or language services are completed. I further understand that I may revoke this consent at any time in writing.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Consent to Take Pictures and /or Videotape

I give consent for members of my child's speech and language Pathology Services team to take pictures and/ or video tape assessments and/or treatment sessions solely for teaching purposes. At no time will any videos be made public.

*I understand that this consent is effective upon signing and is valid until the student speech and/or language services are completed. I further understand that I may revoke this consent at any time in writing.*

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date