



Photograph, Audio and Video consent

I, _____, give consent for my child
_____ to be photographed, video recorded
and/or audio recorded during a speech and/or motor speech
therapy session with Marissa Kramer, M.A., CCC-SLP, for the
purpose of assisting in formulation of treatment plans and/or
collecting data.

Signed by: _____

Relationship to patient: _____

Date: _____