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Permission to Evaluate and Provide Therapy

*Please complete the bottom portion of this form to grant permission for Bright Horizons Pediatric Therapy, LLC to evaluate your child’s speech and language skills and provide treatment if needed.*

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize Bright Horizons Pediatric Therapy, LLC to

 (Parent/Guardian)

evaluate and provide the recommended speech and language therapy to

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . Therapy/treatment is contingent upon the results of the

 (Name of child)

evaluation and the recommendation of the speech and language pathologist.

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 (Parent/Guardian Signature) (Print name of parent/guardian)

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_