



Consent for Medical Treatment

In presenting my child, _____, for diagnosis and treatment:

I, _____ voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment and blood transfusions by authorized members of a hospital staff or their designees and 911 personnel, as may in their professional judgment be necessary. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on my child's condition. I, in no way hold Ryan Conley or *Childhood Speech & Language* responsible for any emergency treatment that may be administered. I acknowledge that I am responsible for all charges in connection with care and treatment rendered for my child. This consent is effective for the duration of my child's therapy program.

Name _____

Signature _____ Date _____

Address _____

Phone _____

Emergency Phone _____

Pediatrician _____

Health Ins. _____

Medications your child is taking _____

Relevant medical information _____

In not signing the above permission, I agree to be present in the waiting room, during the entire time that my child is in speech-language therapy, so that should an emergency arise, I can be summoned immediately.

Name _____

Signature _____ Date _____