Department of Communication Sciences and Disorders
James L. & Dorothy H. Dewar College of Education & Human Services
Speech-Language Hearing Clinic
Address 1500 N. Patterson Street Valdosta, GA 31698-0104
Phone 229.219.1301 Fax 229-219-1302 Web http://www.valdosta.edu/coe/comd
A Regional University of the University System of Georgia & an Equal Opportunity Institution

Consent for Diagnostic/Treatment Services (Part 1)

&OLHQW¶V 1DPH BBBBBBBBBBBBBBBBBBBBBBBBB &OLHQW¶V 2% BBBBBBBBBBBB

3DUHQW *XDUGLDQ¶V 1DPH LI FOLHQW LV D PLQRU BBBBBBBBBBBBBBBBB

I, ____, HEREBY AUTHORIZE Valdosta State University Speech and Hearing Clinic audiologists, speech-language pathologists, or students under the direct supervision of audiologists or speech-language pathologists, to conduct requested services at the Valdosta State University Speech and Hearing Clinic. I understand that any evaluation and treatment will be completed by a licensed and certified audiologist or speech-language pathologist or by a student under direct supervision.

See reverse side for continued consent form

Revised May 2013

Consent for Food(Part 2)

- AUTHORIZATION TO DISTRIBUTE FOOD: I agree to allow Valdosta State University Speech and Hearing Clinic to distribute foods/beverages during therapy and/or diagnostic sessions.
- EXCLUSIONS:(INCLUDE ANY FOODS ALLERGIES,ECT)

_____

_____

_____ Date _____

Signature of Client (representative or parent/guardian if a minor)

Authority of Representative to Act on Behalf of Client _____