

## SPEECH PATHOLOGY PERMISSION FORM

**PLEASE COMPLETE THIS & RETURN TO THE SCHOOL AS SOON AS POSSIBLE**

Child's Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: **home** \_\_\_\_\_ **work** \_\_\_\_\_ **mobile** \_\_\_\_\_

Class: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Has hearing been assessed?  Yes  No

Results: \_\_\_\_\_

Does your child speak another language besides English?  Yes  No

If **YES**, what language? \_\_\_\_\_

I give permission for the Speech Pathologist to see my child, \_\_\_\_\_  
(child's name)

at school, and to speak with relevant professionals (teachers, past Speech Pathologists, school counsellor, etc.) in order to obtain any relevant information or reports on my child.

I give consent for the results of the speech & language assessment being communicated to my child's teacher and school counsellor.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

**Consent given on this permission form is valid for one year from the date of signing.**



RPA



University of Sydney



C.R.C.H.

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CSAHS Incorporates  
• Division of Population Health  
• Royal Prince Alfred Hospital  
• Concord Repatriation  
General Hospital  
• Canterbury Hospital

• Balmain Hospital  
• Rozelle Hospital  
• Division of General Practice  
• NSW Institute of Forensic  
Medicine