



Chatting Children Speech and Language Center, LLC
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CONSENT FOR SERVICES

I, _____ (parent/guardian), give my permission to Chatting Children Speech and Language Center, to RELEASE and OBTAIN information regarding my child _____ to/from the following professionals, physicians, programs, schools or other individuals:

NAME	CONTACT INFORMATION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent/Guardian Signature

Date