



General Parental Consent Form

By signing this form, I hereby give my consent for:

- My child to receive private speech pathology services from Achieve Cayman and agree to pay all associated fees for these services in accordance with Achieve Cayman's policies;
- Achieve Cayman to contact and share information and reports with education staff, medical practitioners, specialists and health professionals involved in my child's care;
- Achieve's staff to make voice and video recordings of my child to be used solely for analysis and individual therapy planning (including social skills modelling);
- Physical guidance contact between my child and their treating speech therapist as necessary. I acknowledge that all care is taken whilst working with my child however physical contact may be required for guidance during therapy sessions, and that such contact will only be used to ensure the best outcome for my child. I understand physical guidance may involve hand-over-hand prompting, guiding my child into a seated position etc.

In addition, by signing below, I confirm that I understand and agree:

- To pay all fees and charges for my child's speech pathology services upon receipt of invoice.
- 24 hours notice is required for canceling sessions, missed appointments without notice will be charged the session fee of \$150/hr.

That if my payments become in arrears and I have not come to an alternative arrangement with Achieve Cayman, I understand that my child's services will be suspended until payment is received.

I _____ (parent/guardian name) consent to the above Terms

and Conditions in relation to _____ (child's name).

Signed _____ Date _____

Recognize.

Strive.

Achieve.