



**CONSENT FOR
PHOTOGRAPHY, AUDIOTAPING, AND/OR VIDEOTAPING**

- I authorize Aspire Speech Therapy to photograph, video, and/or audio tape for clinical purposes (e.g., language sampling).

- I DO NOT authorize Aspire Speech Therapy to photograph, video, and/or audio tape for clinical purposes.

- I authorize Aspire Speech Therapy to photograph, video, and/or audio tape for marketing purposes. I acknowledge that files may be posted on social media (e.g., Facebook).

- I DO NOT authorize Aspire Speech Therapy to photograph, video, and/or audio tape for marketing purposes.

Client Name

Signature of Parent/Guardian

Date