



Emma Robinson

Speech and Language Therapist

CONSENT FORM

This form must be completed by the child's parent/guardian prior to the first session

Name of child:

Name of parent/guardian:

I, the parent/guardian of the above child give permission for:

- **My child to receive speech and language therapy services from Emma Robinson, Speech and Language Therapist**
- **Information to be shared with other professionals directly involved in my child's education and care**
- **Emma Robinson to store and process information regarding my child in relation to their speech and language therapy needs and in accordance with Emma Robinson's privacy policy which can be read on www.sheffieldspeechandlanguagetherapy.co.uk**

Parent/guardian signature:

Parent/guardian name (please print):

Relationship to child:

Information related to your child's assessment and therapy will be stored electronically on the GDPR compliant clinical records system, Therapy Plaza. So that you can see your child's electronic reports please provide your email address. You will be sent an email link.

Parent/guardian email address: