



Fremantle Speech Pathology Services

Video Consent Form

To be completed by parents or guardians if subject is less than 18 years of age before photographs are taken.

I hereby grant Fremantle Speech Pathology Services the right to use video for assessment and/or treatment purposes.

Name and address of parent or guardian if person to be video recorded is less than 18 years of age

Name of person (please print) _____

Name of guardian (please print) _____

Address

Signature of parent or guardian: _____

Date: _____