

Informed Consent Form

I (patient/ caregiver of minor patient)

_____ hereby grant the certified
speech and language pathologist (s) at Main Step Therapy
the permission to evaluate and/or treat the following person
(name of the minor) _____ according
to their clinical skills and judgment.

The consent expires when I revoke this decision. I may
revoke this decision any time.

Signature _____

Date _____