



Owned and Operated by Speech Language Pathologists

MEDIA CONSENT FORM

I am the parent/guardian of _____ (print full name of child) .

I **GIVE** MY PERMISSION to use pictures and videos of my child (no names or medical diagnosis will be mentioned) on RLLC's social media pages, website, or publications.

I **DO NOT** GIVE MY PERMISSION to use pictures and videos of my child (no names or medical diagnosis will be mentioned) on RLLC's social media pages, website, or publications.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____