



## Miracle Farm Speech Therapy Informed Consent and Treatment Form

[www.miraclefarmtherapy.com](http://www.miraclefarmtherapy.com)

This consent form provides Miracle Farm Speech Therapy with the authority to provide evaluations, treatment, and consultative services, as well as the authority to exchange and share information with specified therapists, physicians, and/or service providers for the below-mentioned client:

In presenting my son/daughter for evaluation and therapy services

Name: \_\_\_\_\_ for \_\_\_\_\_  
\_ Mother    \_ Father    \_ Legal Guardian                      \_ Son    \_ Daughter

\_\_\_\_\_ years of age, whose birth date is \_\_\_\_\_, hereby voluntarily consent to the rendering of such services.

I, \_\_\_\_\_, give my permission to Miracle Farm Speech Therapy to exchange information with the following physicians, programs, or other persons/providers:

_____	_____
_____	_____
_____	_____

I hereby acknowledge that no guarantees have been made to me as to the results of treatment for my child. I have read this form and certify that I understand its contents. We/I hereby give consent to Miracle Farm Speech Therapy to treat my child.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date