



ALL ABOUT SPEECH & LANGUAGE

Waiver and Release Agreement

My child (the client) and I hereby release and discharge All About Speech & Language and each of its employees, affiliates, and volunteers from any and all claims, liability, actions, causes of action, suits, and demands of any nature whatsoever which may occur as a result, or related to, therapeutic activities in individual and/or group treatment. MY CHILD (The Client) AND I INTEND TO GIVE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Authorization for Release of Information

I hereby authorize AASL to obtain information from and release information (i.e. records, reports, treatments, evaluations) to the following individuals and organizations (i.e. physicians, case managers, teachers, other therapists etc.). This will be in effect for the duration of AASL providing services unless otherwise revoked in writing.

Emergency and Self-Care Permission

I give permission to AASL personnel to administer minor first aid (i.e. temperature check, Band-Aids, cold compress, etc.) to my child. In the event of a serious emergency and parent/legal guardian cannot be reached, I give my permission to emergency medical and hospital personnel to provide care for my child, i.e. contact 911.

In the case of emergency, your child will be escorted out of the building, if necessary to ensure safety. If you are not on the premises to receive them, your child's therapist will use their best judgment in the moment to preserve safety until our office(s) can be safely re-entered.

I give permission for AASL personnel to assist in self-care for my child if she/he is unable to do so without assistance, i.e. change soiled clothing or diapers, assist in the restroom if parent is not in the office, etc.

Signature of Legal Guardian

Date

Therapist/Witness

Date

Phone: 813-616-4004; *Fax:* 813-330-7967

Email: info@aspeech.com; *Website:* www.aspeech.com