

KZ SPEECH THERAPY

Consent for Services

Child's Name: _____ D.O.B: _____

Address: _____

Phone: _____

I consent to necessary evaluations and/or treatment for my child by Heather Butler
M.S.,CCC/SLP.

I understand that I am responsible for full payment at the time therapy services are rendered. I
also understand that due to the time it takes to prepare for a therapy session, I will be charged
a \$25.00 late cancellation or no-show fee for a therapy session cancelled less than 24 hours
prior to the scheduled time.

Parent Signature: _____ Date: _____

Parent Printed Name : _____