



## Parent Release Form for Media Recording

I, \_\_\_\_\_, do hereby grant or deny permission to Compass Speech Therapy, LLC. to use the image of my child, \_\_\_\_\_, for assessment, monitoring progress and home programs for my child.

Grant permission to use my child's image

Deny permission to use my child's image

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_