

Michele Christine Linares, MS
CCC-SLP
Speech Language Pathologist
License number 15726



18631 Sherman Way, Suite D
Reseda, CA 91335
P (818) 399.9199 | F (818)
343.4713
mlinares@thelearninggrove.org

Name: _____

D.O.B: _____

UCI#: _____

PHOTO CONSENT

I hereby give my consent to the staff and consultants of The Learning Grove to:

Photograph my child/me Accept the photograph I am providing of my child/myself

This photograph:

- Is to remain in the case record only and is not to be used for any other purpose.
- May be used for lay or scientific educational purposes (e.g., agency publications, audiovisual presentations, informational and educational displays, etc.) The name of the client may accompany the photograph being released.
- May be used for lay or scientific educational purposes, but the name of the client is to be withheld. I understand that this permission shall remain in effect until canceled by the undersigned.

Signature of Parent, Legally Authorized Person, or Adult Client Date

Therapist Date