



### Consent Form

I give permission for my child's therapist at Leaps and Bounds, LLC to discuss and share verbal and/or written information about my son/daughter \_\_\_\_\_ with the following professionals. Professionals may include doctors, teachers, psychologists, speech therapists, physical therapists, and/or any other professional working with your child.

*Name of Professional*

*Phone Number*

---

---

---

---

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date