SECURITY POLICY

In an effort to provide safety for all clients under the age of 18 years, the EKU Speech-Language-Hearing Clinic requires the completion of this form. Services will not be provided until the form is submitted. Thank you for your cooperation.

Client Name: ____________________________________________________________

Parent/Guardian Name: ____________________________________________________

Home Phone: (___) ___________ Work Phone: (___) ___________ Cell Phone: (___) ___________

I, as a parent/guardian of ________________________, give my permission for the following individuals to pick up my child from the EKU Speech-Language-Hearing Clinic waiting room following any diagnostic and/or therapy session:

1.) _________________________ Name of Individual

_________________________ Relationship to Client

_________________________ Phone Number

2.) _________________________ Name of Individual

_________________________ Relationship to Client

_________________________ Phone Number

3.) _________________________ Name of Individual

_________________________ Relationship to Client

_________________________ Phone Number

*Please turn sheet over to complete form
This permission is in effect for ______________ (semester and year). I understand that my child must be picked up in the clinic waiting room and will convey this information to individuals listed on this form. I understand that these individuals may be required to show proof of identity. I further understand that my child will not be released to anyone, other than myself, or those listed in this form without my written and signed consent. Parent/Guardian or designated other, must remain in the clinic area during the entire time of therapy visit for all children under the age of 16.

________________________________      ________________________
Printed Name of Parent/Guardian      Today’s Date

________________________________
Signature of Parent/Guardian

If your child is 16 years of age or older and you wish for them to be released without the accompaniment of a responsible adult, please sign and date the following statement:

________________________________
Printed Name of Parent/Guardian      Today’s Date

________________________________
Signature of Parent/Guardian