South Lakes Speech & Language Therapy
https://southlakesslt.co.uk
email: SouthLakes.SLT@gmail.com
Tel: 01539 272034

Photography and Recording Consent

Child's name:_____ Child's date of birth: _____

Name of parent/guardian: _____

I consent to South Lakes Speech & Language Therapy taking

☐ digital photographs

☒ audio recordings

☐ video recordings

of my child for the purpose of assessment and treatment as a part of my child's services with South Lakes Speech & Language Therapy. These images and/or recordings will be used solely by South Lakes Speech & Language Therapy and will not be shared with anyone.

I understand that I have the right to withdraw my consent at any time by contacting South Lakes Speech & Language Therapy in writing or via email at SouthLakes.SLT@gmail.com.

I am aware that personal data collected through photography, video recording and audio recording will be treated confidentially and processed in accordance with the General Data Protection Regulations (GDPR).

Signature: _____

Printed Name: _____

Date: _____