



Baylor University

ROBBINS COLLEGE OF HEALTH AND HUMAN SCIENCES
Communication Sciences and Disorders

Baylor Speech-Language & Hearing Clinic

One Bear Place #97332

Waco, Texas 76798-7332

Child Release Permission Form

I, _____, give permission for the following people to take, _____, from the Baylor Speech-Language & Hearing Clinic. I understand that I may not make substitutions without written permission or by talking with Deborah Rainer or other clinic staff.

Name: _____

Relationship: _____

Phone contact number: _____

Schedule if known: _____

Name: _____

Relationship: _____

Phone contact number: _____

Schedule if known: _____

Name: _____

Relationship: _____

Phone contact number: _____

Schedule if known: _____

Name: _____

Relationship: _____

Phone contact number: _____

Schedule if known: _____

Signature _____

Date _____