



HELPING SMALL HANDS DO **BiG** THINGS

CONSENT FOR ELECTRONIC CORRESPONDENCE

Child's Name: _____

DOB: _____

I, _____, do hereby give consent for Langston Pediatric Therapy, LLC to communicate with me through non-secured electronic correspondence including email or text messaging.

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____