



Consent for Food(Part 2)

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f AUTHORIZATION TO DISTRIBUTE FOOD: I agree to allow Waldosta State University Speech and Hearing Clinic to distribute foods/beverages during therapy and/or diagnostic sessions.

f EXCLUSIONS:(INCLUDE ANY FOODS ALLERGIES,ECT)

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Signature of Client (representative or parent/guardian if a minor) \_\_\_\_\_ Date \_\_\_\_\_

Authority of Representative to Act on Behalf of Client \_\_\_\_\_

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