



1010 South King Street, B-4, Honolulu, Hawaii, 96814  
Phone: 808-593-0030 Fax: 808-593-0026

**PHOTOGRAPH CONSENT FORM**

I, \_\_\_\_\_,

HEREBY GRANT PERMISSION TO *OAHU SPEECH LANGUAGE PATHOLOGY CONSULTANTS* TO TAKE AND USE PHOTOGRAPHS / DIGITAL IMAGES OF ME FOR USE SOLELY ON THE OAHU SPEECH WEBSITE.

\_\_\_\_\_  
SIGNATURE OF RESPONSIBLE PARTY

\_\_\_\_\_  
DATE

=====  
I/WE, \_\_\_\_\_,

PARENT/GUARDIAN OF \_\_\_\_\_,

HEREBY GRANT PERMISSION TO *OAHU SPEECH LANGUAGE PATHOLOGY CONSULTANTS* TO TAKE AND USE PHOTOGRAPHS / DIGITAL IMAGES OF MY CHILD FOR USE SOLELY ON THE OAHU SPEECH WEBSITE.

\_\_\_\_\_  
SIGNATURE OF RESPONSIBLE PARTY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF RESPONSIBLE PARTY

\_\_\_\_\_  
DATE