



Speech Language Services
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Parent/Guardian Notice of No Liability Acknowledgment

I understand I am being informed in writing by signing this acknowledgment that Positive Outlook, Inc. is not liable in the event that an injury, etc. occurs during a Speech Language screening, evaluation and/or treatment session. In the event an injury/ incident occur during Speech Language screening, evaluation and/or treatment session, Positive Outlook, Inc. would like to have your emergency contact on file. Please complete updated information that is requested below.

Child's Name: _____

DOB: _____

Parent(s)/Guardian Name: _____

Contact Number: _____

Emergency Contact: _____

Emergency Contact Number: _____

Parent Name: _____

Parent Signature: _____

Date: _____