



National CSD



Career Awareness Day

Communication
Science and Disorders
Career Awareness Day

Parent/Guardian Consent Form

Your son or daughter has been invited to participate in Communication Science and Disorders Career Awareness Day _____ on the campus of _____.

He or she will tour the campus, visit the speech and hearing clinic on campus, and participate in a hearing screening. They will meet with professionals and talk with students and faculty about the skills needed to pursue a career as an audiologist, speech-language-pathologists, and/or speech and hearing scientist. The student's school will be providing transportation. In order for your child to participate, this form must be filled out and returned to the faculty representative before the day of the event.

Permission to Participate in CSD Career Awareness Day

My son/daughter _____,
may participate in CSD Career Awareness Day which will take place at _____

Permission to Travel to the University

I understand that my son/daughter, _____,
will travel to _____,
under the supervision of school staff.

Photo Release

I understand that CSD Career Awareness Day attracts attention from the media and is also used to promote careers in the field of Communication Science and Disorders, so there is a possibility that children will be photographed during their experience. I grant permission to photograph my son/daughter, _____
_____ for these promotional purposes.

Signature of Parent or Guardian _____ Date _____