

Kids Therapy, Ltd.

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Video Consent

Child's Name _____

_____ I give my permission for my child's picture / video to be used by Kids Therapy for the purpose of training his/her specific clinical team.

_____ I give my permission for my child's picture / video to be used by Kids Therapy for the purposes of training other professionals or paraprofessionals.

_____ I give my permission for my child's picture / video to be used by Kids Therapy in informational literature.

_____ I do not wish my child to be videotaped or his / her picture taken.

Parent / Guardian Signature

Date