



Picture/Video Release

Student's name: _____

Date of birth: _____

Pictures and videos are an important tool used for diagnostic and therapeutic purposes during sessions with your child.

Please review the following statements with regards to pictures and videos:

1. I allow my child to be audio/videotaped for the purposes of enhancing his/her treatment.

Parent Signature

Date

2. I allow videos of my child to be shared with Mrs. Gessin's professional colleagues for the purpose of collaboration, education and professional development.

Parent Signature

Date