



ALL KIDS FIRST

“ enhancing your child’s potential”

PERMISSION SLIP FOR PHOTOGRAPHING AND FILMING YOUR CHILD

We take pictures and/or conduct video recordings during social skills training programs. We would like your permission to use these pictures and video on assessing your child’s social skills before and after the training.

We will never reference your child by name or provide any specific information regarding your child. We also will never sell these pictures and videos; we will use them exclusively for social skills training purpose. We will share with you, other child’s family who is in the same video record and our therapists.

Please take a moment to let us know your preferences regarding our use of photos and videos of your children:

_____ YES. I grant you permission to use photos and video recordings of my child

-OR-

_____ NO. Please do NOT take or use any photos/ video recordings of my child.

Child(ren)’s Name(s) (PLEASE PRINT):

Parent/Guardian’s Name (PLEASE PRINT):

Parent/Guardian’s Signature:

Date: _____