

Personal Touch Therapies, P.C.

P.O. Box 630001, Littleton, CO 80163-0001 Phone: (303) 660-6493

OFFICIAL RELEASE FOR PICTURES AND/OR VIDEO

DATE: _____

CHILD NAME: _____

I hereby authorize Personal Touch Therapies, P.C. to;

- Use video of my child for assessments and training purposes.
- Use video of my child for Personal Touch Therapies P.C. Web page and brochures regarding services provided through Personal Touch Therapies P.C.
- Use pictures of my child for assessments and training purposes.
- Use pictures of my child for Personal Touch Therapies P.C. Web page and brochures regarding services provided through Personal Touch Therapies P.C.
- All of the above is permitted.

PLEASE CHECK ALL THAT APPLY

I understand that any video or pictures taken of my child will be treated in a highly confidential manner and will be used only for purposes directly relating to School/Home Therapy interests, whether for assessments, training of School/Home Therapy personnel or for promoting Physical Therapy. This release is indefinite unless the parent/guardian provides in writing to Personal Touch Therapies, P.C. that they no longer would prefer their child to have pictures or videos taken of them.

Signature of Parent/Guardian

Date

Signature of PT/PTA

Date