



Media and Consent

Please read the statements below and "x" as appropriate:

_____ I give my consent to use video and still photography as an additional means of documenting and measuring my child's progress.

_____ I give my consent for my child's picture to be displayed in the waiting room. I understand that my child's picture will not be used for publicity or general publication without my signed consent.

_____ I give my consent for my child's picture to be used for educational, advertising/marketing purposes on the Children's Therapy Connections website www.childrenstherapyconnections.com

_____ I give my consent for my child's picture to be used for educational, advertising/marketing purposes on our Facebook page.

_____ I give my consent for my child's picture to be used for educational, advertising/marketing purposes on our brochures/flyers displayed in our clinic and which may be distributed.

Child's name: _____ **DOB:** _____

Parent/Guardian Signature: _____ **Date:** _____

Bathroom/Dressing Consent

Please read the statements below and "X" as appropriate:

Bathroom:

_____ My child is able to use the bathroom independently and does not require ANY assistance.

_____ I give permission to my child's therapist to assist my child in the bathroom should my child need assistance and I am not present.

_____ I give permission for my child that does need help to have a two person system where the door is open. One adult is in helping my child and the other adult is outside with door open.

_____ I do not want my child's therapist to assist my child in the bathroom. Should my child need assistance during therapy I understand I need to remain onsite while therapy is in session. If I am offsite, I understand the therapist will assist the child that asks for help.

Dressing:

Often times during therapy, it becomes necessary to have a child undress, whether it be to work on specific dressing goals, allow for the use of therapeutic modalities or orthoses, or assess posture and alignment. We will notify you in advance if removal of clothing is required.

_____ I give permission to my child's therapist to assist my child in removing outer clothing as necessary to work on specific therapy goals.

Child's Name _____ **DOB** _____

Parent/Guardian Signature _____ **Date:** _____