



Development is CHILD'S PLAY!

Where Fun and Function Go Hand-in-Hand

Child's Name _____

Consent for Photographs/Video

I give my permission for photographs/video to be taken of my child. I understand that the photographs/videos will be **only for educational purposes** including staff training, sharing of information between therapists, or as an example of equipment use or therapy technique.

Signature of Parent/Guardian _____ Date _____

Print Name _____ Relationship to Child _____

Signature (and date) of other parent, if required _____

Acknowledgement of Receipt of Notice of Privacy Policies and Practices

I have received a copy of Development is CHILD'S PLAY!'s Notice of Privacy Policies and Practices (available at www.DevelopmentIsChildsPlay.com on the "Forms" page) and authorize use and disclosure of my child's health information for treatment, payment, and healthcare policies.

Signature of Parent/Guardian _____ Date _____

Print Name _____ Relationship to Child _____

Signature (and date) of other parent, if required _____

Acknowledgement of Receipt of Cancellation Policy

I have received a copy of Development is CHILD'S PLAY!'s Cancellation Policy (found in our Policies, available at www.DevelopmentIsChildsPlay.com on the "Forms" page).

Signature of Parent/Guardian _____ Date _____

Print Name _____ Relationship to Child _____

Signature (and date) of other parent, if required _____

Please let us know if you have questions about any of these policies.

