

# Allied Pediatric Specialists

## CHILD EMR PHOTO & CONSENT

I understand as a patient at APS my child's photo will be taken for their electronic medical record, and recordings of therapy sessions will be taken periodically for the purpose of progress monitoring and homework carryover tasks. Photos and recordings used for these purposes will NOT be shared or reused for any other purpose.

The remainder of this form is for my consent for me and/or my child's participation in interviews, the use of quotes and the taking of photographs, movies, video recordings and audio recordings by Allied Pediatric Specialists.

I also grant Allied Pediatric Specialists the right to edit, use and reuse the said products for public relations and educational purposes. This includes use in print, on the Internet, and all forms of media. I also hereby release Allied Pediatric Specialists and its employees from all claims, demands, and liabilities whatsoever in connection with the above.

Child's Name: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Check all that apply for additional consent

- Photos
- Videos
- Quotes
- APS Website
- APS Facebook