



540 President Street | Suite 1E | Brooklyn, NY 11215  
Occupational Therapy/Developmental History

### PHOTO/VIDEO CONSENT FORM

I, \_\_\_\_\_ grant permission to Gowanus Treehouse OT Services to use photograph(s) or video of my child as it relates to occupational therapy. I give permission to have such photographs or videos

☐ emailed to the parents of the Social Group.

I understand that I may revoke this authorization at any time by notifying Gowanus Treehouse in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be kept as long as they are relevant and after that time destroyed.

Parent/Guardian Name \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_