



CONSENT TO VIDEOTAPE

Child's Name _____

By signing this form I give permission to White Tulip and any of its clinicians to videotape sessions for the following purpose(s):

_____ For review by the White Tulip clinicians for purpose of tracking progress, treatment planning and feedback to parents

_____ For educational purposes to teach theory and techniques of intervention to parents and professionals in health related fields, (mental health, pediatrics, education, occupational therapy, physical therapy, speech and language therapy).

I understand I may withdraw my permission at any time.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____