



# Rainbow Rehab LLC

Pediatric Occupational · Physical & Speech Therapy Services

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## Photo/Video Consent Form

Consent is hereby given to Rainbow Rehab LLC. with approval of (parent/guardian) \_\_\_\_\_ to take videotape and photographs of (student name) \_\_\_\_\_.

These photographs and videos will be used for the purpose of staff training, publications, marketing, research, and participating in typically-occurring classroom activities while as school or in community settings. Rainbow Rehab LLC. will also accept any video or photographs which parents choose to provide to Rainbow Rehab LLC.

I understand that I have the right to view all videos and photographs collected by Rainbow Rehab LLC. staff. If I wish to do so, I will notify the Program Director in writing.

I further consent to give Rainbow Rehab LLC. the right and permission to use my name, my child's name, and/or my written or spoken words for reproduction in any publication or media prepared by Rainbow Rehab LLC.

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_