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Audio/Video Release Form

I, _____, grant Florie Glusman, OTR/L permission to take video tape recordings and photographs of my child, _____ during the evaluation and/or treatment.

Permission is also given to take video tape recordings and photographs of myself, _____.

These photographs and videotapes will ONLY be used by Florie Glusman, OTR/L to assist with assessment and ongoing reassessment of my child.

If videotapes or photographs are requested for an outside source or for educational purposes written consent will then be required by the child's parent or guardian prior to usage.

Permission is *granted* to take video/photos by:

Signature of parent/guardian

Date

Permission is *denied* to take video/photos by:

Signature of parent/guardian

Date