

The Baby Fold
Hammitt Junior-Senior High School

Consents for Visits, Trips, Excursions, Photographs, Videotaping

Client's Name: _____

Birthdate: _____

=====

Consent for Visits, Trips, Excursions

I hereby consent to allow my child to be transported by the staff of The Baby Fold on field trips and any excursions conducted for the welfare or education of the child.

Approved

Not Approved

Parent/Guardian Signature: _____

Relationship to Child: _____

Date: _____

=====

Consent for Photographs for Publicity

I hereby grant permission for my child to be included in photographs and pictures to be used in material interpreting the work and activities of The Baby Fold. At no time will any individual child be identified by name.

Approved

Not Approved

I hereby grant permission for my child to be included in photographs and pictures to be used in-house (for example yearbook).

Approved

Not Approved

Parent/Guardian Signature: _____

Relationship to Child: _____

Date: _____

=====

Consent for Videotaping for Assessment/Treatment Purposes

I hereby grant permission for my child to be photographed or videotaped in order to facilitate assessment of treatment needs and/or progress. These materials will not be released or viewed outside of The Baby Fold.

Approved

Not Approved

Parent/Guardian Signature: _____

Relationship of Child: _____

Date: _____

