

# Whole Kids Therapy

wholekidstherapy.com

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## CONSENT TO VIDEOTAPE

I give permission for Whole Kids Therapy, to videotape sessions for the following purpose(s):

\_\_\_\_\_ For review by Whole Kids Therapy, only for purpose of tracking progress and providing feedback.

\_\_\_\_\_ 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 that I may withdraw my permission at any time.

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

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date