



Media Release

I grant permission for my child to be photographed or videotaped for:

therapist use ONLY (i.e. review, further information for evaluation + therapy, etc.)

display in the Chandler Speech office (i.e. on recognition board, pictures on walls)

educational purposes (i.e. teaching /sharing info between therapists)

marketing and/or promotional use (i.e. website, brochures, etc.)

I do not grant permission for my child to be photographed or videotaped by Chandler Speech and Language Services LLC.

Child's Name (please print)

Parent/Guardian Signature

Date