



Media Compliance Authorization Form

Permission to Photograph

Client's Name: _____ DOB: _____

I give permission and consent for Swarthy Lion Behavioral Health & Wellness LLC, to photograph my child and/or myself during the time my child is enrolled in services or receiving supervision services from a BCBA. I understand these photographs will not be used in educational training presentations.

Parent/Guardian Printed Name Parent/Guardian Signature

Date

Permission to Videotape or Audiotape

I give permission and consent for Swarthy Lion Behavioral Health & Wellness LLC, to videotape and/or audio tape my child and/or myself during the time my child is enrolled in services. I understand these tapes will not be used outside the company and my child's personal information will be kept confidential. I understand that the recordings may be used for the purposes of developing more effective educational and therapeutic plans for my child and also for the purpose of education and training for Swarthy Lion Behavioral Health & Wellness LLC.

Parent/Guardian Printed Name Parent/Guardian Signature

Date