



NEURODEVELOPMENTAL THERAPY SERVICES, INC.

4423 Shadowdale • Houston, Texas 77041-8718 • Ph: #713-466-6872 • Fax # 713-466-9547

AUTHORIZATION FOR PHOTOGRAPHY:

I hereby authorize Neurodevelopmental Therapy Services, Inc. and its representatives to photograph (my child) (me), engaged in therapeutic activities, for the purpose of display and record-keeping purposes. Photos used for display will be for information or therapeutic references and no names of individuals will appear on said photos.

_____ Date: _____
SIGNATURE OF PARENT/GUARDIAN

Do not display photos, for file only.

AUTHORIZATION FOR VIDEO TAPING:

I hereby authorize Neurodevelopmental Therapy Services, Inc. and its representative to videotape me/my child engaged in therapeutic activities for the purpose of display and record-keeping purposes. I authorize release of said videotapes to my insurance carrier for documentation of medical necessity.

_____ Date: _____
SIGNATURE OF PARENT/GUARDIAN

WEBSITE PHOTO RELEASE:

I, _____, parent/guardian of _____
_____ (a minor) given permission to Neurodevelopmental
Therapy Services to use pictures of the above mentioned person on their website.

_____ Date: _____
SIGNATURE OF PARENT/GUARDIAN

_____ Date: _____
NTS REPRESENTATIVE

