



**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

