



NEURODEVELOPMENTAL THERAPY SERVICES, INC.

4423 Shadowdale • Houston, TX 77041-8718 • Phone # 713-466-6872 • Fax # 713-466-9547

AUTHORIZATION FOR PHOTOGRAPHY

I hereby authorize Neurodevelopmental Therapy Services, Inc.'s and its representatives to photograph _____ my child and _____ myself engaging in therapeutic activities for the purpose of (please check):

- _____ Education
- _____ Website display
- _____ Video taping
- _____ Display in the clinic setting

The photos will not have the names of the individuals shown or displayed in any form or fashion.

_____ I do not wish to have photos taken of my child.

Name of Child

Parent/Guardian Signature Date

Photographer Signature Date