

**SAMARITAN COUNSELING CENTER OF WEST TEXAS, INC.  
CONSENT FOR TAKING PICTURES OF ARTWORK IN SESSION**

I \_\_\_\_\_ (print parent/guardians name) agree to grant to Samaritan Counseling Center permission to photograph artwork or work in sand tray my child \_\_\_\_\_ (name of client) creates during their therapy. I further agree and understand that these pictures will be added to my child's file for therapeutic purposes only.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date