

SAMARITAN CENTER, INC.
CONSENT FOR TAKING PICTURES OF ARTWORK IN SESSION

I _____ (print parent/guardians name) agree to grant to Samaritan 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

Staff Signature

Date