



Southlake Autism and Behavior Services, PA

355 Citrus Tower Blvd, Suite 116

Clermont, FL 34711

Phone: 352.223.1999 0 Fax: 352.600.3119

www.southlakeautism.com

Release Form

Date _____

I _____ caregiver or guardian of _____
agree to the following:

Photo Release:

I give permission for representatives of Southlake Autism and Behavior Services to take digital images, print and electronically share digital or photographic images of my child(ren) for purposes deemed:

- therapeutic in nature
- to share therapy events with the caregiver
- to use in social stories , schedules or identifiers

I understand my child(ren)'s image may be posted on walls within the therapy center and will be visible to other parents and caregivers.

Use of bike, scooter, roller-skates/blades:

I give permission to Southlake Autism and Behavior Services to allow my child to learn to use, use, be in the presence of or otherwise participate with various recreational equipment containing one or more wheels.

Toilet Training or Bathroom Assistance:

I give permission for my child to receive bathroom assistance or toilet training. I understand such activities of assistance will include but are not limited to: assistance with wiping, inspecting genital area for cleanliness, assistance with clothing. Further I understand that the needs of my child are unique and my child may require more or less help with the toileting task.

I understand I can revoke my consent to the above by providing a written statement of revocation to Southlake Autism and Behavior Services signed by myself and the DOS.

Sign

Date

Witness Sign

Date