



Photo/Video Consent Form

Consent is hereby given to Keystone Center for Children with Autism, Inc. with approval of _____, to take videotape and photographs of _____.

Parent / Guardian

Student Name

These photographs and video will be used for the purposes of staff training, publications, marketing, research, and program development. Video and photographs will only be of students and staff participating in typically-occurring classroom activities while at school or in community settings. Keystone Center for Children with Autism, Inc. will also accept any video or photographs that parents choose to provide to Keystone.

I understand that I have the right to view all video and photographs collected by Keystone staff. If I wish to do so, I will notify the Executive Program Director in writing.

I further consent to give Keystone Center for Children with Autism, Inc. the right and permission to use my name, my child's name and/or my written or spoken words for reproduction in any publication or media prepared by Keystone.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date