



Ivymount Autism Program
Consent/Release Form for 2018/2019 School Year

Child's Name: _____

Photograph/Video Recording Consent

The Ivymount Autism Program may wish to include photographs or video recordings of Ivymount Autism Program students in student program materials, classroom displays (e.g., field trip or school event poster), Ivymount training materials (e.g., new staff or parent training), for professional purposes outside of Ivymount School (e.g., conference, community education), and teacher keepsakes (e.g., scrapbook, photo mug). Photographs and video recordings will mainly consist of activities that the student engages in during school related activities in the school and community. For these purposes, a student's full name, address, and biographical information will not be included. We require written permission and release for this use.

- Yes, I give** permission to the Ivymount Autism Program to use photographs and/or video recordings as described above. I understand that no reference will be made to my child's full name, address, or any other personal information without my explicit permission prior to the usage. I understand that I may withdraw my consent at any time.
- No, I do not give permission** to the Ivymount Autism Program to use photographs and/or video recordings as described above.

Student Name Release

The Ivymount Autism Program may wish to release student **first** names for the purpose of providing parents with the names of the other students in their child's classroom. The only information that will be released is student's **first** names, as all other information is confidential according to Ivymount Autism Program's Confidentiality policy. Consent may be withdrawn at any time.

- Yes, I authorize** Ivymount Autism Program to release the first name of my child. I understand that I may withdraw my consent at any time.
- No, I do not** authorize Ivymount Autism Program to release the first name of my child.

Parent/Guardian Signature

Date