

PERMISSIONS

Child's Name: _____

DOB:

Please sign beneath all applicable subject matter

- I give permission for the Woolley Institute for Spoken Language Education (WISE) to release photographs of my child for publications the administration has approved.

Signature of Parent/Guardian

Date

- I give permission for WISE to videotape my child and to use such tapes for professional training and/or as examples of therapy/classroom sessions to be shown to visitors.

Signature of Parent/Guardian

Date

- I give permission for WISE to e-mail me at the previously listed e-mail address. I understand that communicating information by e-mail has a number of risks. I understand that WISE will limit e-mails to contain only non-confidential information. All communication of delicate nature will be conducted via telephone conversations or through parent/teacher meetings.

Signature of Parent/Guardian

Date

- This consent is effective one (1) year from the date signed. I understand that I may revoke this consent in writing at any time.

Signature of Parent/Guardian

Date