



30252 Tomas Suite 100, Rancho Santa Margarita, CA 92688 Ph: 949-459-1658 Fax: 949-459-1667

Child's name: _____

Consent to Photograph, videotape, and Audiotape

I hereby authorize Rainbow Kids Achievement Center to photograph videotape and audiotape my child for the purposes of assessment, treatment, education and professional reasons.

Additionally, I authorize Rainbow Kids Achievement Center to photograph videotape and audiotape my child for marketing materials including FaceBook, flyers, website and/or special events.

- I DO NOT consent to my child being photographed, videotaped and audiotaped.
- I have read and understand Rainbow Kids Achievement Center's Consent to Photograph, Videotape and Audiotape.

Parent Signature

Date

Consent for Emergency Medical Treatment

I (we) the parent(s)/caregiver(s) of _____ authorize staff from Rainbow Kids Achievement Center to seek emergency medical treatment for my child, in the event I (we) am (are) unable to provide such authorization.

I (we) grant permission for staff from Rainbow Kids Achievement Center to summon paramedics or other emergency medical personnel and seek emergency treatment, including emergency medical transfer and removal, and to ensure that all essential needs are provided for at such a facility or by such a provider.

I (we) understand that staff from Rainbow Kids Achievement Center will attempt to notify me (us) immediately in any emergency medical situation.

Parent Signature

Date