



Early Intervention Services

Child Profile

Child's Name _____

Child' Professional Service Provider _____

Please return by: _____

Address: _____

Best Phone Number(s) to reach you: _____

Best time of day to contact you: _____

E-mail address: _____

Best way to contact you: _____

From time to time your child's picture or name could be featured in an article or video for newspaper, website for educational purposes. Please fill out the following media permission form.

_____ Yes, I give permission for my child to be filmed, photographed, or featured.

_____ No, I do not give permission for my child to be filmed, photographed or featured.

_____ Yes, I give permission for my child's full name to be used in an article.

_____ Yes, I give permission for my child's first name only to be used in an article.

_____ No, I do not give permission for my child's name to be used in an article.

Parents/Guardian Signature Date

This media permission form is valid for the 2016-2017 E.I. program year.