RCG Behavioral Health Network
RCG Therapy Park Headquarters
911 Sturbridge Drive North Chesterfield, VA 23236

Photograph Consent

I _____, [Parent/Legal Guardian] of _____ [child],

- ☐ Yes, I give permission
- ☐ No, I do not give permission

For Recognizing Children's Gifts Behavioral Health Network & State Services permission to photograph my child during therapy or group activities to aid in:

Training and/or client overviews with the therapy team
Program Materials (i.e. visual supports)

Video Recording Consent

I _____, [Parent/Legal Guardian] of _____ [child],

- ☐ Yes, I give permission
- ☐ No, I do not give permission

For Recognizing Children's Gifts Behavioral Health Network & State Services permission to record my child's images and voice for the sole purpose of aiding in creating and updating his/her Applied Behavioral Analysis (ABA) Therapy Curriculum/Treatment Plan.

Media and Marketing Consent

I _____, [Parent/Legal Guardian] of _____ [child],

- ☐ Yes, I give permission
- ☐ No, I do not give permission

For Recognizing Children's Gifts Behavioral Health Network & State Services permission to record my child's image and or voice for the sole purpose of marketing which may include social media, website, newsletters, brochures, digital marketing, birth month recognition, and program celebrations. This also includes, but is not limited to sharing first names and birthday month only - date not included.

_____ _____
Signature Date