



**Northland-Rural Therapy Associates**

**Phone: (928) 779-1679**

**2224 E. Cedar Ave Suite 1**

**Toll Free: 1-866-779-1679**

**Flagstaff, AZ 86004**

**Fax: (928) 779-2822**

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**Permission Slip for photographs/video recording/online photo sharing**

I \_\_\_\_\_ give \_\_\_\_\_ permission to take  
(parent/guardian) (NRTA therapist)  
my child's \_\_\_\_\_ photograph.  
(child's name)

I \_\_\_\_\_ (DO or DO NOT) give permission for my  
child's photograph to be displayed in public and/or on social media.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date