

**Challenged Child and Friends, Inc.  
Authorization Form for Photographs and Records**

**Child's Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Use of Child Information, Photo or Video Image for  
Community Awareness and Education Purposes**

CCAF may use the images and/or information of students to increase community awareness and educate the community on the services and programs of CCAF. We may use a child's first name and the personal characteristics that identify or describe the child and if applicable, the impact of his/her developmental delay or disability during agency tours, community exhibits and presentations.

***Parent/Guardian Must Initial One Option and Sign Below***

\_\_\_\_\_ I give permission to take pictures or videos of my child to be used to increase community awareness and educate the community on the services and programs of CCAF.

\_\_\_\_\_ I give permission for CCAF to use my child's first name and the personal characteristics that identify or describe the child and if applicable, the impact of his/her developmental delay or disability community exhibits and presentations.

**OR**

\_\_\_\_\_ I refuse permission for use of pictures or videos of my child for community awareness and marketing.

\_\_\_\_\_ I refuse permission for the use of my child's information during tours, exhibits, presentation and/or any other form of marketing or public relations.

**Child Photo on CCAF Website/Facebook Page Release**

***Parent/Guardian Must Initial One Option and Sign Below***

Challenged Child and Friends, Inc. has a website, [www.challengedchild.org](http://www.challengedchild.org). The site displays a variety of pictures that include children, staff, volunteers, and parents participating in daily programs, center events and agency fund raising events. Additionally, CCAF has a Facebook page that will also include the above mentioned photos. Please indicate below your approval or refusal to have your child's picture displayed within our web site pages and Facebook page.

\_\_\_\_\_ I give permission for my child's picture to be on the agency web site.

**OR**

\_\_\_\_\_ I refuse permission for the use of my child's picture on the agency web site.

**Consent for Use of Image for Formal Record, Classroom Use and/or Professional Tool  
(Images are not used for public relations without separate consent as described on previous page.)**

Classroom teachers often utilize a child's picture for labeling their cubbies, seats, during circle time and other parts of the day. Additionally, teachers use photographs for art work, bulletin board displays and portfolio entries.

A child's image may also be used as a professional tool in social stories, visual schedules and other intervention strategies where the use of a child's photograph can be beneficial in goal progress.

***Parent/Guardian Must Initial One Option and Sign Below***

\_\_\_\_\_ I give permission for images of my child to be used in the center for formal record, classroom use and a professional tool.

**OR**

\_\_\_\_\_ I refuse permission for images of my child to be used in the center for any capacity.

**Access to Confidential Records**

This permission is granted to view and use the records for the purpose of providing service, transitioning service, coordinating service. Records are also used to instruct the university students placed on our site for field experience and internships.

Challenged Child and Friends, Inc. professional team are automatically granted access to carry out their duties on behalf of the children and families. Agency staff complies with Health Insurance Portability and Accountability Act of 1996, **HIPAA**.

***Parent/Guardian Must Initial One Option and Sign Below***

\_\_\_\_\_ I give permission for local school system staff and/or college and university students/interns to view records for purposes described above.

**OR**

\_\_\_\_\_ I refuse permission for any other than CCAF staff to view my child's records.

**By signature below I acknowledge that the permissions granted in this document are in effect immediately upon the date of signature. I have read and understood the statements of policy contained in this document and agree to its terms and stipulations.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date :** \_\_\_\_\_