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Media Consent

I, _____, a current Parent / Legal Guardian of a client of New Directions for Kids, a Program Therapy Solutions of the Central Coast, Arroyo Grande, San Luis Obispo County, California hereby authorize the following media to be used for the purposes of professional documentation of progress, teaching, record keeping, and increase motivation (confidentiality of clients last name will be honored):

Please initial below.

1. Photographs of me and/or my child for education, training, and/or promotional purposes. Yes _____ No _____
2. Video of me and/or my child for education, training, and/or promotional purposes. Yes _____ No _____
3. The use of my or my child's name, issues / diagnosis and treatment received for education, training and promotional purposes. Yes _____ No _____

Client / Enrollee Name _____ Date _____

Responsible Party Signature _____ Date _____

Relationship to Client _____

Witness Signature _____ Title _____ Date _____