



Photo/Video Release Permission

I, _____ (parent/guardian), give the Lower Shore Early Intervention Program permission to photograph or video tape my child _____ (child's name). Digital photos may be taken and used for the purpose of picture schedules, story power point and documentation of milestones. Video may be used for the purpose of behavior analyzing and/or social emotional positive strategies. Please contact us with any questions, (410) 677-6590.

Signature _____ Date _____

Relationship to the child _____