



THE SOCIAL SMARTS FOUNDATION, INC.

Permission to Video Record

I give permission to video record my child _____ during the social skills group run by The Social Smarts Foundation, Inc. I understand that video footage will be used for instructional purposes for this group only. This may include playing clips of the sessions for group participants during the groups as well as reviewing video footage with staff between sessions for programming and supervision purposes. I understand that no one other than the student participants and Social Smarts Foundation staff will have access to video footage and that the recordings will be erased at the end of each 6-week session.

Child's Name

Parent/Guardian Signature

Parent Guardian Name – Printed

Date

