Clear Form

Division of Special Education

CLINICAL ART THERAPY DEPARTMENT

PARENT PERMISSION FOR CLINICAL ART THERAPY ACTIVITIES

I hereby give permission for the present and future use and/or display and/or photographing of artwork produced in:

Art therapy sessions with _____ at _____
(name of student) (name of school and program)

The artwork may be used for the following purposes:

- ☐ Publication in a professional journal
- ☐ Presentation at professional conferences
- ☐ Consultation with other mental health professionals
- ☐ Educational purposes
- ☐ Exhibition (Public Showing)
- ☐ All of the above:

Please check: **My child chooses to remain anonymous:** Yes ❑ No ❑

I, _____, agree to the following conditions in connection with my
(art therapist's name)

use of artwork by _____.
(student's name)

I agree to safeguard the artwork to the best of my ability.
I agree to maintain confidentiality.
I agree to return the original artwork to the artist upon request and use only slides or photographs for the above purposes.
I agree to discontinue use of the original or reproduced artwork if a decision is made to withdraw consent in the future.

_____ **Date:** _____
(art therapist's signature)

***Parent/Guardian Signature** _____ **Date:** _____

Please return form to:

Teacher/Art Therapist: _____

School: _____ **Phone:** _____