



## CONSENT FOR USE OF PHOTOGRAPHS, CORRESPONDENCE & ESA

Name: \_\_\_\_\_

Date: \_\_\_\_\_

I understand that the said photographs/videos are to be used for the following purpose(s):  
Please initial next to each item that you consent to:

### PHOTOS

#### IN OFFICE USE:

\_\_\_\_ Training Purposes

\_\_\_\_ Hallway Student of the Week

\_\_\_\_ Wow Cards – Physicians & Teachers

\_\_\_\_ Video/Text Communication

#### INTERNET USE:

\_\_\_\_ Newsletter

\_\_\_\_ Social Media

\_\_\_\_ Website

\_\_\_\_ YouTube Video

### CORRESPONDENCE

\_\_\_\_ I give consent to correspond with ALLIED PROFESSIONALS (pediatrician, physician, orthodontist, dentist, home room teacher, speech/language pathologist, optometrist, ophthalmologist, resource specialist, psychologist/psychiatrist, allergist, ENT, and advocate regarding my child/children.

### EMOTIONAL SUPPORT ANIMAL (ESA)

We are excited to inform you that Jodie K. Schuller & Associates will have an Emotional Support Dog (ESA) in the office, whose primary role will be to provide companionship and emotional support to your child/children. DeeDee is a miniature double-doodle, and she is hypoallergenic.

\_\_\_\_ I give consent for my child/children to be in the same room and/or interact with DD.

I have read and understand the foregoing, and I consent to the correspondence to allied professionals and use of photographs/videos as specified for the above-described purpose(s). I further understand that no royalty, fee or other compensation of any kind shall become payable to me by Jodie K. Schuller & Associates for the use of photographs/videos.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

\* This agreement can be revoked at any time.