



3350 W. Salt Creek Lane, Suite 115  
Arlington Heights, IL 60005  
224-248-9449 Fax: 847-394-9505

## MEDIA RELEASE

I hereby authorize the release of photographing, videotaping and recording my child/children

\_\_\_\_\_ as designated below for the purpose of:

(child/children names)

Insurance Requests  
Interdisciplinary Team Meetings  
Professional Marketing/Presentations  
Professional/Paraprofessional Training

By signing below, you acknowledge that you have read and understand the Media Release Policy for Step Forward Therapy Inc., as described above.

Thank you,  
**Step Forward Therapy Inc.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*