

## Permission for Service Delivery Via's Early Intervention Services

I give permission for \_\_\_\_\_ (consumer's name) to participate in center or community based Early Intervention services provided by Via of the Lehigh Valley. In case the consumer is injured, I relinquish all claims for damages against Via or any of its staff.

Guardian's Name & Relationship *(please print)*: \_\_\_\_\_

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

## Consent to Release Information

Child's Name	Date of Birth
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I have been informed that Via of the Lehigh Valley releases no third party information received by the agency to any source. I have the read following and understand:

1. That I have no obligation to release information from the consumer records except to the county Early Intervention office and the Intermediate Unit for funding purposes.
2. I may review the material prepared by Via of the Lehigh Valley with proper written notice and at a mutually agreed upon time.
3. I may revoke this consent at any time by written notice to the agency.

I give my consent to release information prepared by the Via staff to (Initial to indicate consent):  
                   \_\_\_\_\_ Medical Personnel/Clinics      \_\_\_\_\_ School Districts  
                   \_\_\_\_\_ Intermediate Units                    \_\_\_\_\_ MH/MR

Guardian's Name & Relationship *(please print)*: \_\_\_\_\_

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



Helping People with Disabilities Since 1954

### General Release for Photographs and Film

I do hereby grant and give to Via of the Lehigh Valley, Inc., the right to use my photograph, or minor others, and/or participant(s) for whom I am legal guardian, for purposes of reproduction, publication and illustration in advertising and publicity for Via programs.

Further, I also grant permission to use sounds or images on videotape of myself, or minor others and/or participants(s) for whom I am legal guardian, for appearance in the production of a video or audio presentation with or without name recognition both singly and in conjunction with other persons or objects, for any and all purposes including, but not limited to television and or radio broadcast, private or public presentation, distribution, sale, rental and in the publicity and promotion thereto.

I warrant that I have the right to authorize the aforementioned usage of images, and do hereby agree to hold Via of the Lehigh Valley, Inc., and its photographers, production crew and producers, harmless, of and from, any and all liability of whatever nature which may arise out of, or result from such uses. I hereby waive the right to inspect and or approve photographs, sounds or images prior to the use thereof.

I have read the foregoing and understand it fully. In addition, I agree that a copy of this release will be considered valid. I understand permission for the use of photographs or video tapes will remain in effect until agency personnel are otherwise notified in writing.

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

Guardian's Name & Relationship *(please print)*: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_