



Health Care, Inc.

Image Release Form

I, _____, parent /guardian of _____
(Parent/Guardian Name) (Child's Name)

grant permission for SOS Healthcare, Inc. to present my child's image in its marketing materials, media, website, training materials and any other publications meant to promote all SOS Healthcare, Inc. programs. I am aware that Social media and other similar internet websites are not considered sufficiently secure to protect the confidentiality of waiver participants. I am also aware of the HIPPA Act and am aware that my child will be associated with the word "autism" due to the name of the company.

Print Name

Parent/Guardian Signature

Date

