



# Recreation Therapy Informed Consent and Photo Release

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, give permission for him/her to participate fully in Recreational Therapy groups and outings. I understand that the youth in the residential program at the Behavioral Health Center will regularly participate in a variety of recreational activities, including on- and off-campus groups.

I understand that from time to time my child's name and birth date and other identifying information may be needed to sign up for particular activities (i.e. rock climbing, volunteer activities, etc.) and am willing to release that information and hold harmless any outside agency providing such services or making such available to us.

I understand that the Recreational Therapy Department at the BHC will ensure that the staff facilitating each outing have the necessary level of certification where applicable. For example, for ropes course activities, at least one of the staff will be trained in facilitating challenge course and high ropes activities. In such situations that the Behavioral Health Center staff are not experienced or certified in a planned activity, I understand that the Behavioral Health Center will obtain these services from someone who is, such as swimming at a pool where there is a certified lifeguard on duty.

By signing this form, I indicate that I understand the contents of this document, agree to its provisions, and consent for my child to participate in the Recreational Therapy groups.

\_\_\_\_\_  
Name of parent or guardian (please print)

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
date

During your child's stay at Teton Peaks, they will participate in a variety of activities and outings. Often they develop friendships with their peers. They want to remember the experiences they had, the places they visited, and the activities they participated in.

Residents have the option to have their picture taken during these activities.

These photos can be displayed on a digital picture frame on the Teton Peaks unit.

These photos can be saved to a disc for the resident to take with them when they are discharged.

When your child is discharged, any photo with them in it will be removed from the unit display.

To help residents and their families maintain confidentiality, **photos of the residents will not be taken during recreation therapy activities, saved, printed or displayed without written permission from their parents or guardians.**

On occasion, some of the photos are of a quality that displays both the type of programming we offer and benefits experienced by the residents. We would like to use these photos for program brochures or the program website. Again, only with your permission will this happen.

Please check Yes or No for each of the following options so we know how to display and distribute your child's photos.

I give permission for photos to be taken of my child – individually and with his or her peers.  Yes  No

I give permission for these photos to be displayed on the unit.  Yes  No

I give permission for group photos that include my child to be shared with his or her peers.  Yes  No

I give permission for photos of my child to be used in hospital literature or digital media.  Yes  No

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
date

\_\_\_\_\_  
Staff Witness

\_\_\_\_\_  
date

**White copy in the chart – Yellow copy to Recreation Therapy Department**

