



Intensive
Therapeutics INC.

Administrative Office:
274 South Avenue
Fanwood, NJ 07023
973-771-1582

VIDEO/PHOTOGRAPH PERMISSION FORM

I, _____, PARENT/LEGAL GUARDIAN of
(circle one)

_____ DO/DO NOT grant permission for Intensive
(circle one)

Therapeutics, Inc. to use video/photographs of my child for presentational
and educational purposes.

Parent/Legal Guardian Signature

Date

Relationship to Child