



**UPSTATE MUSIC THERAPY CENTER LLC**

401 Penbrooke Drive • Bldg. #3, Suite SE • Penfield, NY 14526  
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Attention Parents and Guardians,

Below is the consent form that requires your permission and signature. If you are willing to give your approval to the statement for your child, please place a circle around “yes”. If you do not give permission for some and/or any of the statements below please circle “no”.

Amy F. Thomas LCAT, MT- BC  
Director

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Child’s Name \_\_\_\_\_

Please circle **Yes** or **No** for each of the following options:

**Yes or No** I give permission for my child to be photographed during a music therapy session. The picture may be chosen for our website.

**Yes or No** I give permission for my child to be videotaped during music therapy sessions to be shown only to my therapist’s supervisor.

**Yes or No** I give permission for the videotape to be used for staff training and parent/professional workshops. (I will be called each time it is scheduled to be used.)

**I understand that Upstate Music Therapy Center LLC is a clinical training and continuing education facility and that a Board Certified Music Therapist supervises all sessions when training is indicated.**

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**Print Parent’s Name**

**Parent/Guardian Signature**

**Date**