



**CAROLINA TANAUAN INTERVENTION CENTER**

130 F. Onate St., 2 Tanauan City  
043-784-24-08

FORM

D

**CONSENT FORM**

**NAME OF CHILD:** \_\_\_\_\_

**AGE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE NO.:** \_\_\_\_\_

**MOBILE NO.:** \_\_\_\_\_

I grant permission for my child to be photographed / videotaped by Carolina Tanauan Intervention Center, Inc. to assist the school in increasing public awareness of Special Education.

YES

NO

\_\_\_\_\_  
**SIGNATURE OVER PRINTED NAME**

**RELATIONSHIP TO THE CHILD:** \_\_\_\_\_

