

H. Mari P Grande  
*Creative Arts Psychotherapist*

LCSW-R, LCAT, ATR-BC  
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## Art Consent Form/Child

I, \_\_\_\_\_ agree  
Parent/Guardian

that the artwork my son/daughter \_\_\_\_\_  
makes during sessions with Mari Grande can be used for  
educational purposes, as she sees fit. The work will maintain  
confidentiality, and any identifying information such as name  
will be hidden.

**Parent/Guardian:**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Email Address

**Artist/client:**

\_\_\_\_\_  
Print Name Sign Date