



Photo & Video Consent Form

We love celebrating children's progress and sharing creative, therapeutic activities to educate and inspire our community. We occasionally take photos or videos during sessions for the following purposes:

- **Educational use** (e.g., trainings, workshops)
- **Social media** and website content
- **Marketing materials** (flyers, brochures)
- **Clinic displays** (e.g., bulletin boards or visuals)
- **Clinical documentation** (stored privately for internal records only)

No names, identifying information, or diagnoses will be shared publicly without explicit permission.

Consent Options

Please initial next to each section:

☐ **Yes** ☐ **No** I give permission for **photos/videos to be used for marketing** (e.g., social media, website, brochures, presentations).

☐ **Yes** ☐ **No** I give permission for **photos/videos to be used for educational purposes**, including therapist training and professional development.

☐ **Yes** ☐ **No** I give permission for **photos/videos to be used for in-clinic displays** or visual supports (e.g., bulletin boards, therapy visuals).

☐ **Yes** ☐ **No** I give permission for **photos/videos to be used for internal clinical documentation** only (e.g., tracking progress, session notes).

Privacy Assurance

We respect your child's privacy. No photos or videos will be taken, stored, or shared without your consent. You may revoke this permission in writing at any time.

Acknowledgment and Signature

Child's Name: _____ Parent/Guardian Name: _____

Relationship to Child: _____

Signature: _____

Date: _____