

## **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:

		I give permission for <b>photos/videos to be υ</b> es, presentations).	used for marketing (e.g., social
		I give permission for <b>photos/videos to be</b> ng and professional development.	used for educational purposes,
		I give permission for <b>photos/videos to be</b> oards, therapy visuals).	used for in-clinic displays or visual
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			
		Parent/Guardian Nam	e:
Relationship to Child:			
Signature:			Date: