



2536 Wingdale Mountain Rd, Poughquag, NY 12570

(845) 724-7128

PU4K PHOTO/VIDEO CONSENT FORM

I, _____ grant consent for my child to be recorded on video or in photographs by the Occupational Therapist for therapy purposes. I grant permission for such photos/videos:

To be emailed to me, e.g. regarding home exercise programs, to share therapeutic activities, progress.

I understand that I may revoke this authorization at any time by notifying PonyUp4Kids Foundation in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be kept as long as they are relevant and after that time destroyed.

Parent/Guardian Name _____

Child's Name _____

Phone _____

Email _____

Signature _____ Date _____