



Kids Therapy, Ltd.

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Photo/Video Consent

Child's Name: _____

_____ I give my permission for my child's picture/video to be used by Kids Therapy for the purpose of training his/her specific clinical team.

_____ I give my permission for my child's picture/video to be used by Kids Therapy for the purposes of training other professionals or paraprofessionals.

_____ I give my permission for my child's picture/video to be used by Kids Therapy in informational literature.

_____ I give my permission for my child's picture/video to be used by Kids Therapy on their social media pages, including Facebook and Instagram, for informational purposes.

_____ I give my permission for my child's picture/video to be used by Kids Therapy in their newsletter for informational purposes.

_____ I do not wish for my child to be photographed or videotaped.

Parent/Guardian Signature

Date