



PHOTO CONSENT FORM

I, _____ grant permission to **Jumpstart Therapy , LLC** to use photograph(s), video or electronic media images of myself or child as it relates to occupational therapy. I give permission to have such photographs, video or electronic images

- displayed in-office
- sent to me via mail, email or text
- used for educational purposes in-office
- used for educational purposes out of the office
- used for promotional or advertisement purposes as it relates to Jumpstart Therapy, LLC (such as brochures and website)

I understand that I may revoke this authorization at any time by notifying **Jumpstart Therapy, LLC/Kimberly Geary** 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** _____

*****If used for Promotional or Advertisement Purposes *****

Image(s) Description
