



## Release for Photography/Videotaping

I authorize Pediatric Physical & Occupational Therapy, PLLC to make photos, video recordings of my child \_\_\_\_\_.

I understand that they can be used for:

YES  NO A. Medical Records- documentation of progress, parent training. These are part of the medical record and are kept confidential under our Privacy Policy.

YES  NO B. External use: company literature, advertising, website production or social media.

I consent that the use of such photo/video media may be used by Pediatric Physical & Occupational Therapy, PLLC free of compensation.

\_\_\_\_\_  
Signature Parent or Guardian

\_\_\_\_\_  
Date