

Beyond Therapy

PHOTO PERMISSION

During the course of your child's therapy program, your child may be photographed by one of our staff members of Beyond Therapy. *Photos taken are for Beyond Therapy's use only.*

(Child's Name) _____

_____ Yes, I give my permission to have my child's photo taken by the staff members of Beyond Therapy.

_____ No, Please do not take my child's photo.

(Parent Signature) _____ Date _____

WEBSITE PERMISSION

In addition, from time to time, photos may be used on Beyond Therapy's website and/or social media (such as facebook). *Please note: A child's name will not be attached to a photo.*

_____ Yes, I give my permission to have my child's photo to be used on Beyond Therapy's website and/or other social media.

_____ No, Please do not use my child's photo for this purpose.

(Parent Signature) _____ Date _____