

# Photo Consent Form

I, \_\_\_\_\_ Grant permission to Jennifer Elliott, Med, LPC, RPT-S to use photographs 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 used for promotional or advertisement purposes as it relates to Jennifer Elliott therapy on paper or social media sites.

I understand that I may revoke this authorization at any time by notifying Jennifer Elliott, M.Ed,LPC, RPT-S in writing. The revocation will not affect any action taken before the receipt of they written notification. Images will be kept as long as they are relevant and after that time destroyed.

Adult's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Childs Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_