**Photography, Video, and Media Consent Form**

During your child’s therapy time at Jigsaw Junction, we may take photographs of activities that involve your child. We may also record videos for assessment and training purposes. Photographs and videos are valuable for teaching and training, raising public awareness, and informing other professionals and the public about the work we are doing.

We may also select images of your child to place on our website or in a brochure publication. Images that might cause embarrassment or distress will not be used nor will images associated with issues that are sensitive. We will always seek your approval prior to publication.

Before taking any photographs and/or video of your child, we need your permission. Please answer the questions below, sign and date the form, and return it to Jigsaw Junction as soon as possible. You may ask to see images of your child held by Jigsaw Junction. You may withdraw your consent at any time by informing Jigsaw Junction in writing. The following decision will not reflect on the services your child will receive. Please read the following release carefully:

**I hereby give permission for:**

🞏 myself \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NAME

🞏 my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NAME

By checking the box I am **declining** that my child be included in photography used for the purpose described: (check all that apply)

🞏 Marketing: May include brochures, website or other electronic media

🞏 Waiting Room: Yearly Jigsaw posters, art projects, or other materials that may be displayed or brought home, but not distributed outside of Jigsaw Junction

🞏 Materials: Items exclusively used inside the classroom for learning purposes

I understand by signing this document I am giving permission to Jigsaw Junction to use my/my child’s image for all purposes unless an above box in checked. I also understand that I may cancel this consent at any time by written notice, and the cancelation of consent is without penalty and will in no way affect future care or services.

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SIGNATURE OF PARENT/GUARDIAN DATE