

Photo Release Form

PERMISSIONS

Date	<input type="text"/>
Name	<input type="text"/>
Give Permission for	<input type="text"/>
To photograph my child	<input type="text"/>

FOR THE FOLLOWING PURPOSES

TYPE OF USE	ACCEPT	DECLINE
Still Photograph		
Display in personal scrapbooks	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Promotional print materials	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's Bulletin Board - shown to current / prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Social media posts including Facebook / Instagram & Tik Tok	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Video		
Share with current parents	<input type="checkbox"/>	<input type="checkbox"/>
Promotional materials	<input type="checkbox"/>	<input type="checkbox"/>
Social media	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Others - please list		
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child's Name

Child's Date Of Birth

Parent's Signature

Date