



Parental Consent Form for Photo/Video

General Use

_____ I grant **Theraspeech, Inc.** permission to photograph my child during sessions, events, social groups, or any other therapy related activity. I understand that the pictures/videos may be used as a means to inform and educate other caregivers, parents and professionals.

Website Use

_____ I grant **Theraspeech, Inc.** permission to use my child's photo on their website, www.theraspeechinc.com and other associated social media. I understand the website has a large audience and my child's photo will be available to the general public. (Full names will **NOT** be used).

****We ask for parents to inform therapists when recording sessions on their phone as a courtesy**

Child's Name _____

Parent's or Legal Guardian's Signature _____ Date _____

* This form is valid until written notice is given that Theraspeech, Inc. no longer has permission to take/use child's photos.