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### **Photography Release Consent Form**

Pediatric Helping Hands Therapy recognizes the need to ensure the welfare and safety of all individuals taking part in any activity associated with our company.

In accordance with our child protection policy we will not permit photographs, video or other images of young people to be taken without the consent of the parents/guardians. As your child will be taking part in therapy at our facility, we would like to ask for your consent to take photographs/videos that may contain images of your child.

It is likely that these images may be used as

- a record of therapeutic progress
- a description of therapeutic procedures, exercises, or activities
- marketing via social media (Facebook, Instagram, and/or our company website)
- records of activities or events in published materials

Pediatric Helping Hands will take all steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you please inform our staff immediately.

We would be grateful if you would return this form to Magda Jimenez as soon as possible.

I, \_\_\_\_\_  **Consent to**  **Do not consent to** Pediatric Helping Hands using photographs or videos of my child, \_\_\_\_\_, for any lawful purposes including record keeping and printed/online marketing purposes.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date