 BusyBodies Pediatric Physical Therapy

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Consent to Photograph/Video

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

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give my consent for photographs/ videos

to be taken of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for use in

\_\_\_\_\_ Clinical measurement and documentation

\_\_\_\_\_ Marketing materials/ advertisement which may include

\_\_\_ print materials sent to referring physician’s offices

\_\_\_ social media related to Busybodies Pediatric Physical Therapy

\_\_\_\_\_ Educational instruction of medical professionals and assistants

\_\_\_\_\_ Educational instruction in the community

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Patient/ Guardian Signature Date