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Media Permission Form

Documentation of a child's status during physical therapy treatment through media such as photographs and video can be a critical tool for tracking progress, educating staff, and collaborating with other professionals. Please indicate below if you are willing to have photographs and/or videos of your child taken for this purpose.

_____ **Yes**, I do give Pinnacle Kidz/Pinnacle Physical Therapy, Inc. permission to photograph and/or video tape my child during his/her physical therapy sessions for treatment and training purposes.

_____ **No**, I do not give Pinnacle Kidz/Pinnacle Physical Therapy, Inc. permission to photograph and/or video tape my child during his/her physical therapy sessions for treatment and training purposes.

Please indicate if you authorize use of photographs and/or videos of your child for publication as specified below. Please note that this consent applies only to the use of images of your child and NOT your child's name or personal information, which is always kept confidential.

_____ **Yes**, I do give Pinnacle Kidz/Pinnacle Physical Therapy, Inc. permission to publish the photographs and/or videos taken of me and/or the undersigned minor child/children for use in printed and online publications, websites, promotional material, and presentations.

_____ **No**, I do not give Pinnacle Kidz/Pinnacle Physical Therapy, Inc. permission to publish the photographs and/or videos taken of me and/or the undersigned minor child/children for use in printed and online publications, websites, promotional material, and presentations.

Parent/Guardian Name: _____ Date: _____

Signature: _____

Name(s) of Minor Child/Children: _____