

SOCIAL MEDIA / PHOTO CONSENT FORM

Diana G Masker and Associates, Inc. would like your permission to use images taken of you/your child to showcase extraordinary speech and language therapy on our website, Facebook page and office bulletin board.

Please indicate below the following areas where you consent to the use of your/your child's picture.

Please check all that apply

- Diana G Masker SLP Website**
- Diana G Masker SLP Facebook page**
- Diana G Masker SLP office bulletin board**
- First name may be used**
- Decline All**

Declaration

I grant/decline permission for photographs of me/my child to be used in the formats indicated above.

Date ___/___/___

Name of Patient _____

Parents/Guardian Name (if a minor) _____

Signature of Parent/Guardian _____

Patient's signature (if over 12 years) _____