

Pediatric Therapy Services



532 North Main Ave Gresham, OR 97030

Phone: 503-666-1333

Fax: 503-666-2444

Photographic Release

Patient's Name: _____

I, _____ hereby grant permission to Pediatric Therapy Services to take photography/video which may be used to document medical necessity for equipment, for treatment, or for consultation from other professionals for the patient listed above. I also grant permission for use in the publication of educational or marketing materials. I hereby release Pediatric Therapy Services from any liability associated with these photographs/video so long as they are used for the purposes as described above.

Parent/Guardian Signature: _____ Date: _____