



Media Permission Form

The following is a request for permission to post your child's photo/video on Jumping Jelly Beans Pediatric Therapy's Facebook account or utilize on the company brochure. Children's name and/or other personal information will never appear in/on any printed or social form of media. This request can be personalized to exclude your child's face from all videos or pictures posted or utilized in all forms of media. The purpose of our website and other forms of advertising is to record the child's progress/achievements, provide others with information about our company and the type of activities one may expect to see his/her child engage in while at Jumping Jelly Beans Pediatric Therapy.

I give Jumping Jelly Beans Pediatric Therapy and the therapist employed by Jumping Jelly Beans Pediatric Therapy permission to:

Take pictures of my child with a camera or phone to be utilized only by Jumping Jelly Beans Pediatric Therapy. (Please circle one choice below)

Yes or No

Record/video my child during a therapy session with a camera or phone to be utilized only by Jumping Jelly Beans Pediatric Therapy. (Please circle one choice below)

Yes or No

Post pictured and videos of my child on Jumping Jelly Beans Pediatric Therapy Facebook website or Jumping Jelly Beans Pediatric Therapy brochure. (Please circle one choice below)

Yes or No



Post therapy work and/or projects created by my child on Jumping Jelly Beans Pediatric Therapy Facebook website or brochure. (Please circle one choice below)

Yes or No

Post my child's pictures/videos/post therapy work/projects without facial exposure on Jumping Jelly Beans Pediatric Therapy Facebook website or brochure. (Please circle one choice below)

Yes or No

Child's Name: _____

Parent/Guardian Name: _____

Parent Signature: _____ Date: _____