

Photo Authorization Form

We would like to capture photos of your child(ren) and their daily activities to be used for _____.

Choose one of the following options:

- Yes, I authorize photos of my child(ren), _____, to be taken and published for use by the provider.
- Yes, I authorize photos of my child(ren), _____, to be taken but only to be shared with me and NOT published in any form.
- No, I do not authorize photos of my child(ren), _____, to be taken or published in any form.

Parent(s) Signature

Date

Provider's Signature

Date



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