

# Family Photography Consent Form

## Family Details

Parent/Guardian Name

Name(s) of Child(ren)

Email

Phone Number

## Consent

I give permission for photographs of the person(s) listed above to be taken and used for the purposes outlined below:

- ☐ Personal Use (e.g., keepsakes, albums)
- ☐ Photographer's Portfolio (website, social media)
- ☐ Promotional Materials

Additional Notes or Restrictions

## Authorization

Date

Signature (Type Full Name)