

Newborn Baby Photography Consent Form

Parent/Guardian Name

Baby's Name

Baby's Date of Birth

Contact Email

- ☐ I give consent for my newborn baby to be photographed by the photographer.
- ☐ I permit the use of the photographs for portfolio, social media, and promotional purposes.
- ☐ I understand that my baby's name will not be published without additional consent.

Parent/Guardian Signature

Date
