CENTRAL FLORIDA CARE GROUP, INC.
"Look at me not my disability"

CONSENT TO TAKE AND USE PHOTOGRAPHS

Client/Caregiver Name: _____

I hereby give permission to Central Florida Care Group, Inc. to take and use photographs of the abovenamed individual as specified by the following: (check appropriate place)

	YES	NO
For self-awareness activities.		
For social media and advertising.		
To send to family and relatives.		
For Central Florida Care Group's staff, volunteers, etc., to keep for themselves		
May the individual's identity be disclosed with the photo(s) taken?		
Central Florida Care Group Inc is given authorization for all photographs to be used in training films, videos and brochures or for newspaper and/or television coverage		

Also, I understand that photographs are taken for use in files/medical charts as required by regulation. These photographs are used for identification purposes only.

Signature of Staff/Responsible Party: _____

Relationship to Client: _____

Date: _____

Date of Expiration: 12 months from date of signature