



CONSENT FOR USE OF PHOTOGRAPH & VIDEO (MEDIA)

PARENT/GUARDIAN:

AS YOU ARE AWARE, THERE ARE POTENTIAL DANGERS ASSOCIATED WITH THE POSTING OF INFORMATION AND PHOTOGRAPHS. THE LAW REQUIRES THAT WE ASK FOR YOUR PERMISSION TO USE INFORMATION ABOUT YOUR CHILD.

I, _____, AUTHORIZE WENATCHEE PEDIATRIC DENTISTRY TO USE MY CHILD'S PHOTOGRAPH AND FIRST NAME **ONLY** FOR PUBLISHING IN THEIR NEWSPAPER AD, WEBSITE, AND ONLINE PLATFORMS (FACEBOOK, TWITTER, INSTAGRAM, SNAPCHAT, ETC). MAY ALSO BE USED FOR PATIENT/PARENT EDUCATION.

CHILD'S NAME: (PLEASE PRINT) _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____