

The Kid's Dentist
Photo Permission Form

I, _____ hereby give consent for The Kid's Dentist and any and all employees and/or agents of The Kid's Dentist to take and/or display photograph(s) of the face and teeth/smile of my minor child _____. The photograph(s) will be used for educational and/or advertising purposes by The Kid's Dentist and may be displayed within our office and/or on the dental office's webpage, www.thekidsdentistmd.com. The doctors and office staff will protect the patient's personal data, such as name, age and date of birth, from being displayed.

I understand that I, or my minor child (under age 18), will not receive compensation for the use of the photograph(s).

_____ Yes, you may use my photos

_____ No, please do not use my photos

Child's Name (please print) _____

Parent/Guardian (please print) _____

Parent/Guardian Signature _____

Date _____