



Photo Release Authorization

We are proud of our friends and patients at Gigglesville Pediatric Dentistry! We love to share accomplishments, activities, and good news on our website and Facebook page. The law requires that we ask your permission to use information about your child. Pursuant to the law, we will not release any personally identifiable information about you or your child such as last name, address, phone number, or email address.

Reasons we would use your photo:

- New patients
- No Cavity Club
- Contest Winners

I hereby give consent for Gigglesville Pediatric Dentistry PC to use my photograph and likeness in all forms and media for advertising, trade, and any other lawful purpose. This permission may be revoked at any time by written notification. **Please note:** *If you do not give permission, a photo will still be taken to place in the patient's chart and will be used for clinical purposes only.*

I attest that I am the legal parent or guardian of the child(ren) below. I have read this release and approve of its terms.

Child's name(s): _____

Print Parent/Guardian Name: _____

Signature: _____