PHOTO RELEASE FORM

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

Please check one of the following options:

I **GRANT** permission for the listed patient(s) photo/image and first name to be published on the company’s website and/or Facebook page.

I **DO NOT GRANT** permission for the below listed patient(s) photo/image to be listed on the company’s website and/or Facebook page.

By signing below, I acknowledge my understanding of the above options for use of the photograph(s).

**Child’s Name(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Parent/Guardian Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reasons we would use your photo:

* No Cavity Club
* New Patients
* Contest Winners
* Czarkowski Pediatric Dentistry fundraisers and events
* **The only place we would use your pictures in on our company website:** [**www.czarkowskipediatricdentistry.com**](http://www.czarkowskipediatricdentistry.com) **or our Facebook page**