

Authorization Form

For Use of Child/Youth Name, Likeness, and/or Photographic Image

This authorization form shall serve as parental permission for the use of name, likeness, and/or photographic image of a child/youth where such permission is required.

I grant permission to

(Medical practice name)

to use my child' s/youth' s name, likeness, and /or photographic image on the following:

(Above portion must be completed- DO NOT sign if blank)

I understand that if, for whatever reason, at any point in time, I decide to revoke this agreement, and I so notify the medical practice named above in writing, all references to my child/youth (i.e., name, likeness, and /or photographic images will be removed within ten (10) days of the written notification. I understand that the medical practice named above is not responsible for access to the internet information or downloads made by users using the web prior to this removal of web references (i.e., name, likeness, and/or photographic image).

Name of child (Please Print)

Date of Birth

Signature of Parent or Legal Guardian

Date