



SOCIAL MEDIA /PHOTO CONSENT FORM

Kaysville Pediatric Dental and Orthodontics (KPDO) would like your permission to use images taken of your child to showcase extraordinary before and after smiles on our website, Facebook page, Instagram and office bulletin board.

Please indicate below the following areas where you consent to the use of your/your child's picture.

Please check all that apply.

- KPDO Website**
- KPDO Facebook page**
- KPDO office bulletin board**
- KPDO Instagram page**
- First name can be used**

DECLARATION

I grant permission for photographs of me/my child to be used in the formats indicated above.

I **DO NOT** grant permission for photographs of me/my child to be used in any of the formats indicated above.

Date ____/____/____

Name of patient _____

Parents/Guardian Name (if a minor) _____

Signature of Parent/Guardian _____

Patient's signature (if over 12 years) _____