

**CHILD - Photo or Video Release Consent Form**  
**Morning Glory Dental**

To Whom It May Concern:

I hereby give my permission to Morning Glory Dental to use the photograph or video which includes my child, \_\_\_\_\_, a minor. I hereby waive all rights to this photograph or video and give my permission for the photograph or video to be published or distributed publicly. I understand that my child's name, telephone number and address are for Morning Glory Dental's records only, and any personal information, excluding first name, will not be released to anyone else without my permission.

Parent or Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Child's Name and Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

.....