

Kids Care Pediatric Associates, P.C.

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Authorization for use of photographs

I _____, a parent of the following children:

- 1. _____ Date of Birth: _____
- 2. _____ Date of Birth: _____
- 3. _____ Date of Birth: _____
- 4. _____ Date of Birth: _____

Hereby acknowledge that I have given my permission to use pictures that I have either submitted, or had taken in this office on the Kids-Care web site.

I am requesting a copy of the picture be sent to me via email at the following address: _____@_____.

I understand that I can modify or revoke this agreement at any time.

Signature

_____/_____/_____
Date

Relationship