

**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