

Shaughnessy Dental



Photograph Release Form

Dear Parent,

At Shaughnessy Dental we often take photographs of children to provide them with a sense of accomplishment and to encourage them to take pride in their dental health. With these goals in mind, we would like to request your permission to use such images of your child in our newsletter, our clinic website, or within the clinic. Your child will be identified by given name and from time to time by surname initial only.

Please fill out this form to give your consent. Thank you very much.

I _____, parent/legal guardian of _____
give my permission to Shaughnessy Dental to use photographs of my child in the
manner and for the purposes described above.

Signature of parent/legal guardian

Date