

## IMAGE USAGE FORM

Our goal is to showcase our incredible patients and the fun events that we host and participate in throughout the year, BUT we cannot do that without your approval! Your child's safety is our top priority both in our office and anywhere our name is so we ONLY use first names. By signing this form you are giving consent for Michael J. Leach D.D.S Pediatric Dentistry to publish any photo(s) of your child(ren) on our website, Facebook or Instagram account, and/or YouTube channel.

Name(s): \_\_\_\_\_

Parent/Guardian (print name): \_\_\_\_\_

Signature of Parent/Guardian (or if 18+): \_\_\_\_\_

Relation to patient: \_\_\_\_\_

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

Facebook or Instagram link to tag your family: \_\_\_\_\_