



Photo Consent Form

I (parent/guardian): _____ DOB: ____/____/____

Street Address: _____

City: _____ State _____ Zip code: _____

- I grant permission and give my consent to Northwest Pediatric Care to photograph my child and use it for electronic media image associated with the patients' medical record.

- I do not give permission for my child to be photographed.

Parent/ Guardian Signature _____ Date ____/____/____