



Helping You Grow Healthy Children

Authorization for Name/Picture/Video/FaceBook Release

During your child's visit to Alliance Pediatrics, there will be opportunities to have pictures taken of your child for promotional advertising and marketing, news articles, and FaceBook comments. Since we are proud of our patients and clinic, we like to include actual images and video of them interacting with our physicians and staff. Please check the appropriate box for your authorization for the following:

Permission for photos to be taken of my child during their visit to Alliance Pediatrics. I understand these pictures may be included for display on the bulletin board and/or other media presentations within the reception area, examination rooms, or other areas within the clinic.

Yes / No

Permission for photos to be taken of my child during their visit to Alliance Pediatrics and used in educational or training presentations. I understand these presentations will be used privately and only viewable by the physicians and staff of Alliance Pediatrics.

Yes / No

Permission for my child to be videoed for professional and promotional use.

Yes / No

Permission for my child's name to be used for professional and promotional use.

Yes / No

Permission for photos, videos and/or my child's name to be published on FaceBook.

Yes / No

Child's Name _____ **Date** _____

Parent/Guardian _____ **Date** _____

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