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Social Media Release Form

Please be advised that your child may be photographed or video taped during his or her dental appointments. The purpose of these photos and/or videos is strictly for social media/marketing purposes.

Your child's name will not be disclosed on any website or social media outlet.

By signing below you give permission for your child's photo and or video to appear on various social media websites and/or our office website.

_____ YES, my child's photo and/or video may be used for marketing purposes on various social media and office websites & publications.

_____ NO, my child's photo and/or video may not be used for marketing purposes on various social media and office websites & publications.

Signature

Date

Child's First & Last Name