



Photo Release Form

We have created a Website, Social Media pages and LED sign for our office. These items provide a fun way to share new things going on in our office and with our patients, as well as update you on important information. Please fill out the bottom of this form granting **Yale Pediatric Dentistry** permission to post photos of your child on one or all of the places listed above. You may see this picture on www.drjoeyale.com or www.facebook.com/DrJoeYale.

With your signature, you consent as follow:

I am legal guardian of _____ and I give **Yale Pediatric Dentistry** permission for the above patient to be photographed and the pictures to be placed on Social Media, our website, and/or our LED sign.

Parent or Guardian Signature

Date