

Churchwell Pediatric Dentistry

1099 Poplar View Lane N., Collierville, TN 38017

Media Release Form

Before your child’s photograph, likeness, or voice can be used on any social media platforms, you must give your permission.

Please sign, indicating your preference.

- I give permission** for my child to be filmed/photographed by Churchwell Pediatric Dentistry for use on Facebook and/or Instagram.
- I do not give my permission** for my child to be filmed/photographed by Churchwell Pediatric Dentistry for use on Facebook and/or Instagram.

I understand that by signing the agreement, I am authorizing Churchwell Pediatric Dentistry to use my child’s photograph, likeness, or voice for social media platforms.

This consent may be revoked by written notice delivered to **Churchwell Pediatric Dentistry** within 30 days of my signature.

Patient Name(s)

Parent/ Legal Guardian Printed Name

Parent/ Legal Guardian Signature
Date