



Media Consent Form

The undersigned hereby grant Sanders Pediatric Dentistry and its employees the right to use photographs, videos, or interviews of my child for office purposes and social media. The undersigned also hereby releases Sanders Pediatric Dentistry and its employees, from any and all claims, demands, causes of action and suits arising out of or in connection with the use of these photographs, videos, or interviews.

Patient Name: _____ Patient DOB: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Date: _____

Signature of Parent/Guardian: _____ Accept/Decline
Circle One

We do not share your contact information with outside parties.