



Children's International[®]

MEDICAL GROUP

PATIENT MEDIA RELEASE

LOCATION: _____

I, the undersigned, hereby grant Children's International Medical Group, its representatives and employees, the right to take photographs of me and my child/family. I give permission to Children's International Medical Group and its affiliates to use my / my child's name, picture and/ or likeness in any manner and in any media for any lawful purpose including but not limited to website entries, Facebook, or other electronic media without payment or any other consideration.

I agree that I will not hold Children's International Medical Group responsible for any liability resulting from the use of my / my child's name, picture and / or likeness in the manner described above.

My child's name is, _____, and I am the parent or legal guardian of the said child.

I have read and understand the above.

Signature: _____

Printed Name: _____

Date: _____

Phone: _____

Witness: _____