

Photographic/Social Media Consent Form

INFORMATION

I hereby consent to the collection and use of personal images by photography or video recording to be used on Dr. Paul Sherick, D.D.S., M.S., P.C. website, Facebook page, newsletters, or bulletin boards.

I understand that any information, photo or video uploaded to the internet (via Facebook or our website) will only display the **patient's first name**.

CONSENT FORM

PLEASE CHECK APPROPRIATE BOX

I, _____ **CONSENT** to Dr. Paul Sherick using my child's (patient name) _____ photograph or video image on the office's website page, Facebook page, newsletters or bulletin boards.

I, _____ **DECLINE** the use of any photos or video of (patient name) _____ being uploaded to the internet via Facebook or Dr. Paul Sherick's website.

Signature of Parent

Signature of Patient if over 18

Date _____

Staff Member