

PEDIATRIC PARTNERS OF WINTER HAVEN

PHOTO RELEASE FORM

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INDICATE ONE (1) OF THE FOLLOWING:

- Yes I agree to the above statements, and hereby grant permission.
- No I would not like my/my child's photo released, but I have read and understand the form.

(PRINT) PARENT/GUARDIAN NAME
(GUARDIAN HOMBRE)

DATE
(LA FECHA)

SIGNATURE OF PARENT/GUARDIAN
(LA FIRMA)