



*Your Partners in Pediatric & Adolescent Care!*  
**PEDIATRIC PARTNERS**

An Affiliate of Children's Mercy

## Image release form

Date: \_\_\_\_\_

By my signature below, I agree that Children's Mercy Pediatric Partners, Inc. may post likenesses of my child and/or me in its brochure or online, in photos or in videos, for the purposes of promoting, explaining, or otherwise discussing the proceedings of this medical office.

I understand that Children' Mercy Pediatric Partners, Inc. promises to only identify children in photos by their first names and, by request, will identify a child only as a Children's Mercy Pediatric Partners, Inc. patient.

I will make no monetary or other claim against Children's Mercy Pediatric Partners, Inc. for the using these images/videos.

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Patient Name (print)