RVA Pediatrics: Young Artist Gallery

Objective: Involve current patients to submit original artwork to decorate our newly renovated RF office. This will help highlight patient creativity.

Requirements:

- Artwork must be created by the child/patient of the practice
- Must be submitted on one of the following paper sizes
    - 5x7, 8x10, or 11x14
- Must be able to be put in a frame
- No heavy materials on the paper
- Please print child's first and last name on the back
- Parent/Guardian must approve for artwork to be on display in the office

Submission Process: Families can drop artwork off at the front desk at any of our locations. Please fill out paperwork found on our website

*See below for permission form

RVA Pediatrics Young Artist

Patient Artwork Display Permission Form

Thank you for helping us brighten our office with your child's creativity! We are excited to showcase artwork created by our patients as part of RVA Pediatrics Young Artist, our in-office patient art display.

Please complete the form below to give permission for your child's artwork to be displayed in our office.

Child Information

Child's First Name: _____

Child's Age: _____

Parent/Guardian Name: _____

Phone Number: _____

Email Address (optional): _____

Parent/Guardian Consent

Please initial each statement below:

_____ I give permission for my child's artwork to be displayed within **RVA Pediatrics** office as part of the Young Artist art display.

_____ I understand that artwork may be framed, mounted, or displayed in waiting rooms, hallways, exam rooms, or other patient-friendly office areas.

_____ I understand that artwork may remain on display for a period of time determined by RVA Pediatrics and may be rotated as part of seasonal or ongoing office displays.

Artwork Return Preference

Please select one:

☐ **I would like the artwork returned** after display, if possible.
☐ **RVA Pediatrics may keep/dispose of the artwork** after display.

Social Media / Marketing Permission

Please check one:

☐ **Yes**, I give permission for my child's artwork to be photographed and shared by RVA Pediatrics on social media, website, newsletters, or office materials.

☐ **No**, I do not give permission for my child's artwork to be used outside of in-office display.

Signature

Parent/Guardian Signature: _____

Date: _____