Laura Bruckner, M.D.Andrew Krasnoff, M.D.Helen Lederer, M.D.Catherine Marshall, M.D.Sloane Sevran, M.D.Daniel Bruckner, M.D.Miriam Chan, M.D.Julia Bruckner, D.O.Ofir Mekel, M.D.

## **Photo Permission Form**

Child's Name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

I, \_\_\_\_\_\_ the undersigned parent or legal guardian of the child named above,

Parent/Guardian Name

hereby grant permission for the use of my child's photograph on our organization's website. I understand that the photo may be used for promotional purposes, including but not limited to displaying it on our website, social media, and other related materials.

Terms and Conditions:

1. The photo will be used solely for organizational purposes.

2. No personal information (such as the child's full name or contact details) will be associated with the photo.

3. The photo will be used in a respectful and appropriate manner.

4. I understand that once the photo is uploaded to the website, it may be accessible to the public.

By signing below, I acknowledge that I have read and understood the terms and conditions outlined above and grant permission for the use of my child's photo as described.

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

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

5400 Balboa Blvd Ste326 Encino, CA 91316 818-789-8775