



Attached is a photo permission form template for your use.

The ADA Foundation urges Give Kids A Smile[®] program coordinators to use the attached photo permission form* during GKAS events, and then share the images along with the signed forms with the ADA Foundation for use in GKAS-related promotions.

These images will help the ADA Foundation and the ADA tell the story of the good work being done by dentists and dental team members across the U.S. We thank you in advance for your support of this important effort.

Caution: Do not take pictures of a child undergoing treatment without a signed consent form from the parent or guardian (see sample below). If working with children from a local school or club, check to see if they have a blanket photo release that allows for pictures of children at such events and get a copy of that release beforehand. You do not need to concern yourself with media photographers. They will handle photo releases on behalf of their media outlets.

For clinical photos where a patient is in a dental chair, please be sure that the dental team members are wearing appropriate gloves, masks, and protective eyewear, and wristwatches are removed, even if care is not being provided at that particular moment. Long sleeved scrubs or disposable gowns are preferred. Thank you.

Photographs will be taken at this event. Please complete the following form for your minor child. If you do not want your child's photo taken, please let us know and we will give you a special sticker to ensure we do not include your child in photographs.

Photo Permission Form

Give Kids A Smile®

(Date of Event)

(Location of Event)

I hereby grant permission to the ADA FOUNDATION, the AMERICAN DENTAL ASSOCIATION, and Live & Smile Dental & Orthodontics (collectively, the "organizations" and individually, an "organization"), to take photographs and/or digital images of my minor child at the above-identified event.

I hereby authorize the organizations to use, reuse, reproduce, publish, or republish any photographs, recordings, or any other record of my child's participation in this event, in any medium now known or hereafter developed, alone or in conjunction with other material, without restriction as to changes or alterations, as well as to use my child's name, voice, likeness, and/or other indicia of identity, for editorial, educational, promotional, or advertising purposes, including without limitation in connection with the solicitation of contributions and the furtherance of the objectives of Give Kids A Smile.

I authorize use of the images without compensation to me. All negatives, prints, digital reproductions shall be the property of the organization taking the image.

Name(s) of Child Covered by this Release (please print)

Name of Parent/Guardian (please print)

Address of Parent/Guardian

Signature of Parent/Guardian

Date