



1770 Tobias Ave, Manchester, NJ 08759 • Phone: 732-323-8400, Fax: 732-323-8408

SOCIAL MEDIA PERMISSION FORM

CHILDS NAME: \_\_\_\_\_

I give my permission to Manchester Pediatric Medical Daycare to upload:

YES    NO

- \_\_\_    \_\_\_ Individual images of my child
- \_\_\_    \_\_\_ Group images of my child
- \_\_\_    \_\_\_ Videos including my child

Parent Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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