



# The Medically Fragile Children's Foundation of Northern California

## Consent to Photograph

I do hereby consent to allow my child's picture to be taken and used by the Medically Fragile Children's Foundation of Northern California (MFCFNC) for publication and marketing purposes, both on hardcopy and softcopy (corporate website, videos, etc.)

Instructions: Indicate your wish by placing an "X" on **ONE** option

\_\_\_\_\_ **I CONSENT TO THE ABOVE**

\_\_\_\_\_ **I CONSENT TO THE ABOVE** with the following conditions:

List conditions:

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\_\_\_\_\_ **I DO NOT CONSENT** to any of the above

Child's Name (printed): \_\_\_\_\_

Child's Signed Name (if able to legally sign for self): \_\_\_\_\_

Date of Child's Signature (if applicable): \_\_\_\_\_

Parent/Guardian Signed Name: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Witness: \_\_\_\_\_

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