



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:

_____ **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: _____