

Divino Niño Pediatrics, PLLC

Picture/Social Media/Email Consent Form

I hereby give consent to Divino Nino Pediatrics to take a picture of my son/daughter to be displayed on their electronic medical record program of Divino Nino Pediatrics.

Yes No

I understand that his/her picture may be on display in the clinic and/or social media and that my child's name may or may not be used with his/her picture.

Yes No

I hereby give consent to receive texts and emails regarding promotions and events from Divino Nino Pediatrics social media sites.

Yes No

I hereby give consent to receive texts and emails regarding promotions and events at our non-profit organization Nino de la Caridad Foundation.

Yes No

If at any time, I want my photograph to be removed from Divino Nino Pediatrics Electronic Medical record Program, I acknowledge that it is my responsibility to inform staff of this decision.

Parent/Guardian Signature: _____ **Date:** _____