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I, \_\_\_\_\_, parent/guardian of  
\_\_\_\_\_ consent to the use of their/his/her  
photographs and/or video footage by Dr. Anthony Bain's office on their website,  
Facebook page, and possible advertisements. The first name only of your child may be  
mentioned in such instances as our Cavity Free club on Facebook. Please speak with our  
front office if you have any questions or concerns.

I further understand that this consent may be withdrawn by me at anytime, upon written  
notice from me.

I give this consent voluntarily.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date