



## Image/photo Consent Form

I hereby freely grant permission to the IADMFR Educational Track Program to use and publish the images taken of me or the minor mentioned below on [Insert Date], for diagnostic/educational/ scientific purposes.

DATE \_\_\_\_\_

\_\_\_\_\_

(Name)

\_\_\_\_\_

(Address)

\_\_\_\_\_

(Minor's Name) (Father, Mother or Guardian)

\_\_\_\_\_

(Minor's Address)

\_\_\_\_\_

(Witness)