



Permission Slip/Photo Release

Parents of \_\_\_\_\_ Date: \_\_\_\_\_  
(Child's Name)

Meharry Medical College is dedicated to delivering an outstanding, compassionate dental experience for your child(ren).

**Initial below:**

\_\_\_\_\_ (**Permission to treat**) I request and authorize Meharry Medical College School of Dentistry to complete preventative/diagnostic/restorative procedures on my child. Services may include: Dental Screening (examination inside and outside of the mouth) Dental Cleaning (with toothbrush/toothpaste/prophy angle) Fluoride (varnish, SDF [silver diamine fluoride]) X-rays (radiographic images)  
\_\_\_\_\_ (**Silver Diamine Flouride**) I am aware that SDF (silver diamine fluoride) is used to decrease tooth hypersensitivity. It may leave a permanent black stain on teeth.

\*\*\*Your child will NOT have a comprehensive exam and full mouth x-rays. If you would like your child to have more extensive services and/or further treatment, including a full examination and comprehensive x-rays, feel free to call (615) 327-6669 for an appointment. **Extensive services will not be covered by the BRIDGE Program and will be deemed the financial responsibility of the parent/caregiver.**

\_\_\_\_\_ (**Hold Harmless**) I hereby release and hold harmless Meharry Medical College, its directors, managers, agents, employees, successors and assigns, from any and all claims of any kind whatsoever that may arise from my child's participation. This includes but is not limited to any and all claims for bodily, personal, and emotional or property damages that may arise from my participation. Furthermore, I assume the risk of injury to my child from said participation with full knowledge of the types of injuries that may result.

\_\_\_\_\_ (**Photo Permission**) I grant permission to Meharry Medical College and its agents, employees, designees, and independent contractors the absolute right and unrestricted permission to take and use my child's name, photographs, video, testimonial, and biographical data taken by a Meharry representative for use in promotional and educational materials, such as brochures, newsletters, advertisements, magazines, recruitment, marketing, fundraising, and archival or any other lawful purpose and to use such photographs, video testimonials/biographical versions of the same publications or on Meharry Medical College's website or other forms of electronic media. Your consent to the use of the images/video is permanent. You will not receive compensation for the use of the images now or in the future.

- I hereby **consent** for my child to participate.
- I do **NOT consent** for my child to participate.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Name (Written)

\_\_\_\_\_  
Date