



Media Release

The undersigned does hereby authorize the Boston Public Health Commission and its designee, to photograph, video or record, or permit other persons to photograph, video or record

(name of person)

and does agree that the Boston Public Health Commission may use or permit other persons to use the negatives, prints, or film prepared therefrom for such purposes and in such manner as deemed necessary.

Signature

or

Signature of parent/guardian

Witness

Date

Time