

Maryland Child Services Inc.  
14015 New Hampshire Ave  
Silver Spring, MD 20904  
240-644-9295



## **PHOTO RELEASE FORM**

I, \_\_\_\_\_, hereby grant Maryland Child Services Inc. permission to publish photographs of my child, \_\_\_\_\_ (**child's name**) in agency publications and/or the agency's website located at:

[www.kidsmcs.com](http://www.kidsmcs.com)

I understand that any photos may be used for Maryland Child Services as well as to offer information and referrals.

By signing below, I acknowledge and understand the statement above and grant my permission to use the photographs.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**