

GENERAL PHOTO RELEASE

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1	_____	_____	_____
	Name (if over 18)	Parent/Guardian Name	Patient Name/Age
2	_____	_____	_____
	Name (if over 18)	Parent/Guardian Name	Patient Name/Age
3	_____	_____	_____
	Name (if over 18)	Parent/Guardian Name	Patient Name/Age
4	_____	_____	_____
	Name (if over 18)	Parent/Guardian Name	Patient Name/Age
5	_____	_____	_____
	Name (if over 18)	Parent/Guardian Name	Patient Name/Age
6	_____	_____	_____
	Name (if over 18)	Parent/Guardian Name	Patient Name/Age
7	_____	_____	_____
	Name (if over 18)	Parent/Guardian Name	Patient Name/Age

