



Parent Consent Form

Parent(s) Name(s) _____

Name of Child(ren) _____

Child(ren) Date of Birth _____

Home Address _____

City _____ State _____ Zip Code _____

Phone: Home _____ Cell _____

Email _____

Hospital Name _____

How did you hear about us? _____

I/We have contacted Capturing Courage, a nonprofit organization, to provide portraits of my/our child(ren).
I/We understand this will be a gift from the Photographer and will accept it as such.

Parent Signature Date

Parent Printed Name

Parent Signature Date

Parent Printed Name