



PERMISSION TO PHOTOGRAPH/VIDEOTAPE

I give permission for my child, _____
to be photographed/videotaped during their time at school. I
understand that these photos/videos may be used:

- As part of teacher/parent training.
- As informational programming regarding our organization and services.
- For promotional purposes.

It is agreed that I may view the photo/video upon request.

Child's full name: _____

Parent/Guardian Signature: _____

Date: _____