

PERMISSION TO FILM, VIDEOTAPE, OR PHOTOGRAPH A MINOR

_____ YES, I GIVE PERMISSION FOR MY CHILD TO
BE SHOWN OR IDENTIFIED IN A FILM, VIDEOTAPE,
WEBSITE OR PHOTOGRAPH MADE FOR ANY MEDIA
COVERAGE OF SCHOOL EVENTS.

_____ NO, I DO NOT GIVE PERMISSION FOR MY
CHILD TO BE SHOWN OR IDENTIFIED IN A FILM,
VIDEOTAPE, WEBSITE OR PHOTOGRAPH MADE FOR
ANY MEDIA COVERAGE OF SCHOOL EVENTS.

NAME OF
STUDENT _____

SIGNATURE
OF PARENT _____

DATE _____