

<Insert School Name>

Parental/Legal Guardian Media Consent Form

I hereby consent to the use of any photographs/video tape taken of my child by the <Insert School Name> or the media for the purpose of advertising or publicizing events, activities, facilities and programs of the <Insert School Name> in newspapers, newsletters, website, other publications, television, radio and other communications and advertising media.

By law, the <Insert School Name> protects the privacy of the students and is prohibited from releasing students' personal information. From time to time representatives of the news media are invited to campus to cover events at our schools. When this happens there is a possibility your child/children may be photographed, videotaped, or interviewed for a news story.

Please mark one of the choices below and return to school.

Yes, I allow my child/children to be identified in any good news <Insert School Name> publication.

No, I do not want my child/children identified in any good news <Insert School Name> publication.

PLEASE PRINT

Student's

Name: _____

Address: _____

City: _____

State/Zip: _____

Signature: _____

Parent or Guardian if above person is under 18:

Parent/Guardian's Name: _____

Address: _____

City: _____

State/Zip: _____

Signature: _____ Date: _____