



Consent to Media

Child's Name: _____

Parent's Name: _____

I give permission for my child, _____, to be photographed during school activities and events for the following:

Please initial any/all that would apply to your child.

___ Center purposes and displayed within the school and Class Dojo.

___ Purpose of posting on school website, social media (i.e., Instagram, TikTok)

___ Purpose of publicizing the school activities in the local media

___ You have my permission to identify my child by first name only with the picture and/or video.

___ I wish to withhold permission and/or videotape my child at this time.

Parent's Printed Name

Parent's Signature

Date