

MEDIA RELEASE FORM

Student's Name _____
(Please Print)

From time to time the media will be at the school to take pictures or videos of various events and activities the children are involved in. At no time will we allow the media to cover any activity or event without our knowledge or consent.

Before we can allow our children to be included in any media coverage, we must have the permission of parents/guardians. Please indicate on this form whether or not you wish to have your child included in any of the coverage.

_____ Yes, I agree to have my child included in the media coverage of the school

_____ No, I do not wish to have my child included in the media coverage of the school

Signature of Paren/Guardian

Date

PLEASE SIGN AND RETURN