

Marysville School District No. 25
Consent to Photograph/Videotape Minor Child
Consent to Publish Work

Student Name _____
School _____ Grade _____
Home Address _____ Phone _____
Parent/Guardian Name _____ Date _____

{PLEASE PRINT ALL INFORMATION}

- [] I hereby grant permission to allow photographs, slides or videos to be taken of my student { } or myself { } or both { } as a participant in _____ {Activity}
at _____ {Location}.
- [] I hereby grant permission for my student's photograph, videotape and/or school work to be published on the Marysville School District's **website** for viewing on the Internet. I understand that the Internet is public in nature and that a certain loss of privacy is involved.
- [] I hereby grant permission and understand such photographs or videos **may be used** for private or public television viewing and in newspapers, school district or other publications, displays, videos and slide shows.
- [] I hereby grant permission for my student's photograph, videotape or school work **to be used by:**
_____ {Name of Business or Organization}
for the purpose of:

{Describe how photograph, videotape, etc. is to be used}
- [] My student's name may be used.
- [] My student's name may **not** be used.

Attention Principals/Teachers:

If this child is a ward of the court (foster child), permission must be obtained from the caseworker.

Parent/Guardian Signature _____
Date _____