

gms



MIAMI-DADE COUNTY PUBLIC SCHOOLS  
DEPARTMENT OF EARLY CHILDHOOD PROGRAMS  
PARENTAL CONSENT FORM FOR PHOTO/VIDEO RELEASE

Dear Parent:

\_\_\_\_\_ Date

Please be advised that during the year your child may be photographed or video taped at various school sponsored events. With your consent, the photograph or video may be released for use by the media, i.e., newspapers, brochures, videos, television. These materials will be used primarily for teacher training.

Please indicate your preference below.

\_\_\_\_ Yes. My child's photograph/video **may** be reproduced and released for use by the media.

\_\_\_\_ No. My child's photograph/video **may not** be reproduced and released for use by the media.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Parent's Name)

\_\_\_\_\_  
(Print Child's Name)

**Return this signed form to:**

CONTACT PERSON: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

SCHOOL TELEPHONE: \_\_\_\_\_