**Sample**

**Media Consent Form**

Dear Parent/Guardian

As the parent of a child/children at **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of program),** I agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed or have videos taken during normal child care hours, field trips, or activities. I understand that these photographs or videos may be used in promoting child care services, either in print or electronically. Photographs and videos will NOT be used by staff to post to social media or sent to anyone other than the parents/guardians of the child(ren).

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of program)** may reference participant’s identity in the following ways:

First and Last Name First Name Only Town/State of my residence

|  |  |  |
| --- | --- | --- |
| Parent/ Guardian Name |  | Relationship to Child |
| Parent/Guardian Name |  | Relationship to Child |
| Child 1 Name |  |  |
| Child 2 Name |  |  |
| Child 3 Name |  |  |
| Address |  |  |
| City | State | Zip |

**\*Both parents/guardians must be in agreement and sign the consent in order for photographs or videos to be taken.**

I give permission for my child(ren) to be photographed or have videos taken for print or electronic use in promoting our child care services and to be displayed in the program. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child’s enrollment. I understand that there will be no payment for me or for my child’s participation.

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Guardian Signature |  | Date: | Agree  Disagree |
| Parent/Guardian Signature |  | Date: | Agree  Disagree |