

Photograph/Videotape Permission

Child's Name _____

I give consent for Dimmick School to photograph/videotape my child for any or all of the following:

Classroom Activities Yes No

School Activities Yes No
(Field trips, programs, assemblies, extra curricular)

Possible Newspaper Release Yes No

Videotaping of Classroom Activities Yes No

Videotaping of School Activities Yes No
(Field trips, programs, assemblies, extra curricular)

Webpage Yes No

(Parent/Guardian Signature)

(Date)