

Media Release Form

Child's name: _____
Last First

Birthdate: _____
month/day/year

Permission for Students to be Photographed or Videotaped

Please check one of the following options:

- Yes, my child may be photographed and videotaped. These images may be used both within Davis Child Care Center, as well as for use in, but not limited to TV, Facebook, Website, brochures and media publications.
- Yes, my child may be photographed and videoed, but for use within the Davis Child Care Center Building only.
- No, my child may not be photographed or videotaped.

I have indicated my preference regarding my child.

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date