**PHOTOGRAPH AND MEDIA PERMISSION**

[Date]

Dear Parents,

We do have media coverage at [School Name] School activities/events throughout the year. Your permission is requested to have your child(ren) photographed, video recorded, and/or recorded by the media or for inclusion in school and Diocesan marketing vehicles such as (but not limited to) brochures, video, newspaper, and social media.

We are sure your child(ren) would like to participate in these programs; however, we do respect your right to privacy. Please return the lower portion of this note indicating your consent by [Date]. If we do not receive a permission slip, we will exclude your child from any media opportunities. Thank you for your prompt attention to this matter.

Respectfully,

Please check your preference and PRINT child(ren)’s names clearly.

\_\_\_\_\_ I give my permission to have my child(ren) listed below photographed, videotaped, and/or recorded by the local or national media and/or for Diocesan or school marketing programs during the **2023-2024** school year.

\_\_\_\_\_ I DO NOT give my permission to have my child(ren) photographed, videotaped, and/or recorded by the local or national media and/or for Diocesan or school marketing programs during the **2023-2024**school year.

 ⬜ I wish to have my child included in the yearbook only.

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| Child Name |  | Grade |
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| Parent / Guardian Signature |  | Date |