

## **PICTURE/VIDEO PERMISSION**

This form must be completed by the parent / guardian of each student prior to the taking of picture/video of a student that is will be used in a Collaborative education program education related activity.

### **Picture/Video Permission**

I (We), parent (s) (guardian (s)) of \_\_\_\_\_

give permission for my child to be photographed or videotaped. These pictures and/or video will be used for educational purposes and may be shown to other educators and school administrators. I also agree to have my child's pictures used on communication boards and in any classroom newsletters, slide shows, and web site.

Signed \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_