

PARENT PHOTO CONSENT FORM

Throughout the school year, there may be times when Spanish Fort United Methodist Preschool staff, church staff, or other organizations, with the approval of the SFUMP Director, may take photographs of students and audio/videotape students in a way that would individually identify a specific student. These images could be used on social media, website, and newsprint. If you wish to grant permission or if you do not wish your child to be included fill out the information below and return.

I, _____, Parent/Guardian of _____
grant unto Spanish Fort United Methodist Preschool the permission to use my child's image / photograph and/or videotaped image for the purposes mentioned above. I understand and agree that SFUMP may use these photos and/or videotaped images in subsequent school years unless I revoke this authorization by notifying the preschool director in writing. Furthermore, I hereby consent that such photographs, films, recordings, projects, and tapes are the property of the school, and they shall have the right to distribute, duplicate, reproduce, and make other uses of such photographs, films, recordings, projects, and tapes as they desire free and clear of any claim whatsoever on my part.

Please check the appropriate box:

I DO give my permission to you to include my child's image on videotape or photos as he or she participates in class conducted at Spanish Fort United Methodist Preschool.

I DO NOT give my permission to you to include my child's image on videotape or photos as he or she participates in class conducted at Spanish Fort United Methodist Preschool.

Printed Name of Parent / Guardian: _____

Signature of Parent / Guardian: _____

Full Name of Student: _____

Date Completed: _____