



**Photograph, Video, and DVD Authorization
2010–2011**

I hereby give permission for my child(ren) to be in photographs, videos, and DVDs taken during the school day or while involved in school events. Please understand that the name of the child may be used if the photograph, video, or DVD is distributed.

Name of Student(s)		Grade Level
_____ Last	_____ First	_____
_____ Last	_____ First	_____
_____ Last	_____ First	_____
_____ Last	_____ First	_____
_____ Last	_____ First	_____
_____ Signature of Parent or Guardian		_____ Date