



DADE COUNTY PUBLIC SCHOOLS

MEDIA RELEASE PARENTAL CONSENT FORM

(Date)

Dear Parent:

Please be advised that during the year your child may be photographed, video taped or interviewed at various school sponsored events. With your consent, the photograph, video or interview may be reproduced and released for use by the media, i.e., newspapers, brochures, videos, television.

Please indicate your preference below.

____ Yes. My child's photograph/video/interview **may** be reproduced and released for use by the media.

____ No. My child's photograph/video/interview **may not** be reproduced and released for use by the media.

(Signature)

(Date)

Return this signed formed to:

CONTACT PERSON: _____

SCHOOL NAME: _____

SCHOOL TELEPHONE: _____