

# Parent Permission for Video Recording in Classroom Activities

**Student Name:**

**Parent/Guardian Name:**

**Teacher/Classroom:**

**Description of Activity:**

**Date(s) of Recording:**

**Permission:**

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I give permission for my child to be video recorded during the classroom activities described above.

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I do NOT give permission for my child to be video recorded during the classroom activities described above.

**Parent/Guardian Signature:**

**Date:**