

# Parental Consent for School Event Photography Release

I, the undersigned parent or legal guardian of:

Student Name:

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Grade/Class:

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School Name:

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hereby give permission for my child to be photographed and/or video recorded during school events and activities. I understand that these photographs and/or videos may be used by the school for educational, promotional, or other related purposes in print, digital, or online media.

I understand that neither the child's name nor any other identifying information will be used in conjunction with these images without additional consent.

Parent/Guardian Name:

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Relationship to Student:

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Signature

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Date