

Parent Consent for School Field Trip Media Release

Student Name:

School Name:

Date of Field Trip:

Field Trip Location:

Media Release Consent

I, as the parent or legal guardian of the above-named student, give my consent to the school to photograph, film, or otherwise record my child's image, voice, and/or work during the field trip. These media may be used for educational, promotional, or informational purposes by the school, including but not limited to publications, website, and social media.

☐ I GIVE consent ☐ I DO NOT GIVE consent

Parent/Guardian Name:

Signature:

Date: