

MEDIA CONSENT FORM

Parish _____ Youth Ministry programs engage in various correspondence and publicity with families, parishioners and other members of the community regarding various aspects of this program. Parents are given the option of authorizing the use of their children’s photos with or without names for those purposes, if they so desire.

If you wish to provide authorization, please complete the information below, and provide it to the parish Coordinator of Youth Ministry.

Parish Name _____ **City** _____

Student’s Name	Grade	Date of Birth

Parents may cancel this Authorization at any time by providing written notice to the Parish at (address of Parish Religious Education Program)

Video/Photography Utilization

(1) I give permission for my child to be photographed or videotaped for educational and community relations not-for-profit use such as newsletter articles, [Insert name of parish] paper or parish bulletin, community newspaper articles, website, etc.

Signatures:

By: _____ Date _____
 (Signature of Parent or Guardian)

Name: _____
 (Printed - Parent or Guardian)

(2) In addition, I give permission for my child’s **name** to accompany my child’s photo or video be published for community relations/PR purposes, etc.

Signatures:

By: _____ Date _____
 (Signature of Parent or Guardian)

Name: _____
 (Printed - Parent or Guardian)