

# Photo & Video Release

## *Authorization for Use of Images*

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As part of our daily activities, we may photograph or video your child during play, learning, and special events. We may wish to use these images for the purposes you authorize below. Your child will never be identified by full name in any publicly shared image, and you may withdraw or change this authorization at any time by notifying us in writing.

### Child Information

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**Child's Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

### Authorization

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Please initial ONE of the following:

- I GRANT permission for my child to be photographed and/or recorded, and for those images to be used as indicated below. Initials: \_\_\_\_\_
- I DO NOT grant permission for my child to be photographed or recorded for any use beyond internal records. Initials: \_\_\_\_\_

### Approved Uses

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If you granted permission above, please check each use you approve:

- Internal display within the home (bulletin boards, photo albums, daily reports to parents)
- Provider's website
- Provider's social media pages (e.g., Facebook, Instagram)
- Printed materials (brochures, flyers, newsletters)
- Shared privately with the child's own parents/guardians only

### Parent / Guardian Acknowledgment

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I have read and understand this release. I confirm I am the parent or legal guardian of the child named above and am authorized to sign on their behalf. I understand this authorization remains in effect until I revoke it in writing.

**Parent / Guardian Name (printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_