

EUMC Mother's Day Out

Permission to Photograph

I,

(Parent or Guardian's name)

Give permission for:

EUMC Mother's Day Out

To photograph my child,

(Child's name)

For the following purposes:

TYPE OF USE	CHECK EACH CATEGORY	
	GRANT PERMISSION	DECLINE PERMISSION
STILL PHOTOGRAPHS		
displayed on MDO bulletin boards		
displayed on MDO FACEBOOK*		

*Photos of your child that may be displayed on our Facebook page are minimal and will be taken during instruction. No full faces or names will be displayed.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

(Parent or Guardian signature, and date)