



## Media Release Form

I \_\_\_\_\_, hereby give my consent for my child to be photographed by an employee or representative of First United Methodist Church Day School for the purposes indicated below:

Please check all that apply:

- All of the following:**
- Classroom projects**
- Professional school photographs and class composites**
- Class social media**

*Includes private class Facebook groups, GroupMe, or Google Photo albums*

- Media and advertising materials**

*May include printed and digital publications promoting the Day School*

- I do not give permission for my child to be photographed**

**Name of student:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

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(Parent/Guardian Signature)

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(Date)