



Authorization for Photography and Videography



Photo Release for:

Child/Participant Name: _____ Date of Birth: _____

The Early Learning program believes that it is important for children to see pictures of themselves at “work” in their learning spaces and that videotaping is a powerful tool in coaching and training staff who support the growth and development of children. Photos and videos of the beautiful experiences children have in this program are examples that can be shared to promote the program to other families and show our work to the greater community.

In Program Photography

- I give permission for my child’s photo to be taken and used in the following ways:
 - Photos may be displayed in learning spaces
 - Photos may be utilized for staff coaching and support.
- I **do not** give permission for my child’s photo to be taken and used.

In Program Videography

- I give permission for video of my child to be taken and used in the following ways:
 - Video may be shared in learning spaces
 - Video may be utilized for staff coaching and support.
- I **do not** give permission for video of my child to be taken and used.

Program Promotional Photography

- Photos may be utilized to promote OESD 114 Early Learning program in a number of ways including on our website, social media accounts and for the purposes of agency publications or advertising.
- Photos may **not** be utilized to promote OESD 114 Early Learning program in a number of ways including on our website, social media accounts and for the purposes of agency publications or advertising.

Program Promotional Videography

- Video may be utilized to promote OESD 114 Early Learning program in a number of ways including on our website, social media accounts and for the purposes of agency publications or advertising.
- Video may **not** be utilized to promote OESD 114 Early Learning program in a number of ways including on our website, social media accounts and for the purposes of agency publications or advertising.

My permission is valid from date of signature until I withdraw my consent in writing.

Signing this form is voluntary. I may revoke or withdraw my permission in writing at any time. I understand that I must do so in writing.

Authorization Signature

Printed Name

Date

Relationship to Child

Phone Number

Updated July 2023

*Staff: attach under family services and create a flag in Child Plus including details in Flag notes.