

Student's Name

Birthdate

Initials

PHOTO RELEASE FORM

I hereby consent for my child to be photographed and/or video taped for use in the preschool classroom.

I understand the photographs/slides/video tapes of my child will be used to demonstrate best practice instructional techniques and strategies in early childhood education settings. The visual materials created will be presented to early childhood educators, administrators and family representatives participating in the preschool program.

I understand that no photograph, slide or video tape will be released to persons, agencies, or publications without additional written permission.

Initials

INSPECTION AUTHORITY OF THE DEPARTMENT OF SOCIAL SERVICES

— Title 22, Division 12, Chapter 1, Article 4, Section 101200 (b) and (c)

I understand that:

- (b) The Department has the authority to interview children or staff, and to inspect and audit child or child care center records, without prior consent.
 - (1) The licensee shall make provisions for private interviews with any child(ren), or staff member; and for the examination of all records relating to the operation of the child care center.
- (c) The Department has the authority to observe the physical condition of the child(ren), including conditions that could indicate abuse, neglect or inappropriate placement.

Print Parent/Guardian Name

Parent/Guardian Signature

Date

2nd Year Initial Parent

Date