Doctor's Charter School Music Program Student Media Release Form

Student Name:		
Address:		
City:	State:	Zip:
Dear Parent/Guardian:		
Throughout the school year your chi interviewed by local media for promo would be released for usage in broch the school/music website, newspape participate in any of the above activisigning and returning this page to the cooperation.	otional and education hures, posters, public ers, radio and T.V. B ties, you must give y	nal reasons. Media cations, newsletters; on efore your child can our permission by
Please check one statement below:		
I give permission for my child videotaped for use in Miami Country use by the general news media for p name to be published in school publications and broadcasts.	Day School publicat print or broadcast pur	ions, productions, or for poses; and for his/her
I do not give my permission for videotaped for use in Miami Coun for use by the general news media for his/her name to be published in school publications and broadcasts	ntry Day School publi or print or broadcast	cations, productions, or purposes; and for
Parent/Guardian Signature:		Date:
Parent/Guardian Name (please print	t):	
After you have read and singed the child's music director. The form will		

records.