PHOTO CONSENT FORM

Child’s Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle YES(Y) or NO(N) and sign below. Children’s names will NOT be used in any picture captions.

 I/We give consent for photos to be taken of my/our child(ren) for

**Y N**  Newspaper Articles

**Y N** Little Blessings Website

**Y N** Little Blessings Facebook Page

**Y N** Little Blessings Advertising Materials

**Y N** Class Dojo

**Y N** I/We give consent for photos to be taken and used within the classroom or for Little Blessings events only (not used for public viewing).

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_