



Photo Permission form

**26606 Oakridge Dr.
Spring Tx. 77380**

Name of Child: _____

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the school year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media, such a Facebook).

I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

___ Yes, I give consent for **Little Angels Child Care** to photograph or video my child for school purposes and/or at school events.

___ No, I do not authorize **Little Angels Child Care** to photograph or video my child for any event.

Parent Signature: _____ **Date:** _____