![Icon

Description automatically generated]() **Photo Release Permission Slip**

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

\_\_\_\_ Yes, I give consent for Matteo’s Place Bilingual Preschool to photograph my child for school purposes and/or at school events.

\_\_\_ No, I do not authorize Matteo’s Place Bilingual Preschool to photograph for my child for any event. Parent

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_