

PHOTO WAIVER

I grant permission for my child to be included in pictures that will appear on our school website, or our Facebook pages.

Yes _____ No _____

I grant permission for my child to be photographed or videotaped for use on Google Classroom or in the classroom.

Yes _____ No _____

Child's Name: _____ Class _____

Signed: _____ Date: _____
(Parent or Guardian's Signature)