

OCS MEDIA and WEBSITE CONSENT
2016-2017

Student's Name _____

Classroom Teacher _____

Video recording and photographing of Oxford Center School students by the media may occur periodically. You have the right to grant or deny permission for your child to be videotaped and/or photographed by the media. Please complete this form and return it to school by _____.

MEDIA ACCESS:

_____ Yes, I grant permission for my child to be photographed/videotaped by the media. My child's name may also be used.

_____ No, I do not grant permission for my child to be photographed/videotaped by the media.

WEBSITE PAGE:

_____ Yes, I grant Oxford Center School permission to use my child's photo without identifying him/her by name on the school district's website.

_____ No, I do not grant Oxford Center School permission to use my child's photo on the school district's website.

Thank you!

Parent/Guardian Signature _____

Date _____