



Head Start

Authorization for Use of Child's Name/Photographs

Name of Child: _____

Name of Parent/Guardian: _____

Head Start Location: _____

With your permission, Center For Family Services may use your child's name and/or photographs/video for display in the Head Start center or in public relations and communications related activities such as in printed materials, newspaper, radio, or television interviews, public statements of personal experiences, performances, success stories, videos, website, or other activities.

I understand that my participation and my child's participation in public relations activities during the 2015-2016 Head Start school year is completely voluntary and that refusal to participate in these activities will not in any way effect receipt of services from Center For Family Services Head Start. Further, I understand that by signing this consent form, I am giving permission for photographs, videos, stories, statements to be used in media produced by Center For Family Services such as annual reports, success stories, website, social media, brochures and any other public relations, marketing, or communications activity.

I also understand that I have the right to stop the recording/interview/photographs or other use of my or my child's personal experience at any time without jeopardizing my receipt of services. By signing this release, I waive any right I may have to inspect and/or approve the finished product or for remuneration or any payment for use of the copy which may be used in connection with the photograph or the context to which it is used.

I have read this consent, it has been explained to me and I understand all parts of this consent.

I hereby give permission for Center For Family Services to use my child's name and/or photograph for publicity, marketing, educational purposes or any other Head Start related activity.

I do not want my child photographed and I do not want his/her name used.

Signature of Parent/Guardian: _____ Date: _____