

## The KIDSBRIDGE TOLERANCE CENTER

## Consent Form -- for Photos, Video & Media

Date

## Dear Parents/Guardians:

Signature of Parent or Legal Guardian

Your child will be participating in a Kidsbridge program – either on a class trip to the Kidsbridge Tolerance Center OR when Kidsbridge comes to your child's classroom or group. Kidsbridge staff would like your permission for the following situation:

group. Klasbridge stait would like your permission for the following situation:	
purposes in print, videos, in electronic	hs or shoots video footage of students e used for educational, funding or promotional communications and/or on the Kidsbridge on a day when this is happening, we'd like your
☐ YES, my child may be photographed or videoed.	□ NO, do not take photos or videos of my child.
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•	be found on our Kidsbridge website at y contacting <a href="mailto:lynne@kidsbridgecenter.org">lynne@kidsbridgecenter.org</a> .
Thank you for your considera	ation of this request. –Kidsbridge Staff
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Statem	ent of Consent
Child's Name <i>(please print)</i>	
Parent or Legal Guardian's Name <i>(pleas</i>	se print)
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