



## VMCP PERMISSION TO PHOTOGRAPH/VIDEO

I give permission for my child, \_\_\_\_\_, to be photographed or videotaped in preschool activities. Such photographs may be used by Vashon Maury Cooperative Preschool for publicity or educational purposes, including in social media.

Yes \_\_\_\_\_

No \_\_\_\_\_

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Printed Name of Parent/Guardian**

\_\_\_\_\_  
**Date**