

**Autism Model School**  
3020 Tremainsville Rd. Toledo, OH 43613  
(419)897-4400  
[www.AutismModelSchool.com](http://www.AutismModelSchool.com)

**CONSENT TO PHOTOGRAPH OR VIDEO RECORD  
FOR USE IN *MEDIA***

In addition to photographing and video recording students for instructional purposes, The Autism Model School may use photos and recordings in informational and public relations materials. These include media materials such as newspapers, magazines, brochures and other print, radio, television, as well as website and internet media. Please complete the form below regarding your preferences regarding photographing or video recording your child for use in media such as the publications listed above.

**Student Name:** \_\_\_\_\_

Please complete the appropriate information:

\_\_\_\_\_ **Yes**, I give my permission to photograph or video record my child for use in the media.

**IF PERMISSION GRANTED:**

By signing below, I grant my consent for my child to be photographed and/or video recorded during the school day. I understand that these photographs or recordings may be used part of informational and public relations purposes for/of the Autism Model School. This information will be available to the general public.

\_\_\_\_\_ **No**, I do not give my permission. DO NOT photograph or video record my child for use in the media.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Guardian Printed Name