

PHOTO/MEDIA RELEASE FORM FOR MINORS

Immanuel Lutheran School
606 S. Hanover Street
Okawville, Illinois 62271

I, being the parent/guardian of _____, hereby consent that the photographs or videos taken of him/her while he/she is enrolled at Immanuel Lutheran School as a student may be used by the school.

These pictures may be used in media information, on school bulletin boards, or in the school newsletter.

Furthermore, I consent that such photographs and or videos shall be the property of Immanuel Lutheran School, which has the right to duplicate, reproduce and make other uses as the school deems necessary.

_____ It is okay to use my son's/daughter's photograph, etc. as described above.

_____ I DO NOT give my consent to have photographs of my son/daughter used by Immanuel Lutheran School in any way as specified above.

Name of Student _____ Grade _____

Signature of Parents/Guardians _____

Address _____

Phone Number _____

Please sign and return this to the school office. This paper will be kept on file in the student's permanent record to the school office. Parents always have the right to update and change this at any time.