



CSUDH Infant-Toddler Development Center

Photographs/Video Permission Form

Child's Name: _____ Date of Birth: _____

Check here if you prefer that your child **NOT** be photographed or videotaped under any circumstances.

Occasionally university students want to take pictures for class projects of the children in their school environment. Would you permit such pictures to be taken of your child?

Yes No

My child may be photographed to appear in the center's newsletter, website and/or picture displays on the center walls.

Yes No

My child may be photographed for outside media purposes such as articles written about the program or videotaped to appear in educational videos such as a video about early childhood education.

Yes No

My child may be photographed and/or videotaped with the rest of the group during special events at the center.

Yes No

Additional Authorizations

I grant permission for campus walks

Yes No

I authorize the authorization of sunscreen to my child when necessary.

Yes No

(if you answered "yes" please complete the *Sunscreen Permission* form)

Parent/Guardian's Signature

Date