# **Child Care Parent/Guardian Permission**

**Photo, video, or surveillance activity**

I give my permission for the licensee or the licensee’s staff to

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Take photographs of my child |  |  |
| Use photographs of my child in the Facility’s website or the Facility’s social media page |  |  |
| Take video of my child |  |  |
| Use video of my child in the Facility’s website or the Facility’s social media page |  |  |
| Capture my child’s image on surveillance video used at this childcare facility |  |  |

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Parent or guardian signature Date

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Parent or guardian signature Date