



**MIAMI-DADE COUNTY PUBLIC SCHOOLS
MEDIA RELEASE PARENTAL CONSENT FORM**

_____ (Date)

Dear Parent:

Please be advised that during the year your child may be photographed, videotaped, or interviewed at various school sponsored events. With your consent, the photograph, video or interview may be reproduced and released for use in the media, i.e., newspapers, brochures, videos, television, the internet, and Miami-Dade County Public Schools websites and social media platforms such as Facebook, Twitter, etc.

Please indicate your preference below.

(Student's Name)	(Student's ID)
<input type="checkbox"/> Yes.	My child's photograph/video/interview may be reproduced and released for use in the media.
<input type="checkbox"/> No.	My child's photograph/video/interview may not be reproduced and released for use in the media.
_____	_____
(Signature)	(Date)
Return this signed form to:	
CONTACT PERSON: _____	
SCHOOL NAME: _____	
SCHOOL TELEPHONE: _____	