

Permission Form For **MEDIA** Coverage Only

FAYETTE COUNTY PUBLIC SCHOOLS

701 East Main Street
Lexington, KY 40502
(859) 381-4100

PARENTAL PERMISSION FOR MEDIA
USE OF STUDENT'S PHOTOGRAPH, LIKENESS, AND/OR VOICE
FOR SCHOOL YEAR _____ - _____

This form is used to establish formal parental permission for student participation in photographs, audio/videotapes, and interviews by the MEDIA. Please call your school if you have any questions.

GENERAL MEDIA COVERAGE

Throughout the year there may be occasions where there are in-school programs, events, or meetings that are open to the public and where large group photographs or videotapes are made by the media (e.g., a pep rally or a DARE program being publicized by a particular school). *Fayette County Public Schools will assume we have your permission for your child to be in these types of group photographs or videotapes UNLESS YOU NOTIFY YOUR SCHOOL IN WRITING that you do not want your child included in such photographs or videotapes.*

SPECIFIC MEDIA COVERAGE

In addition to the above situations, on occasion, the media, *with the approval of the building principal*, may wish to take photographs or audio/videotapes of students or interview students in a manner that would be *individually identifiable to a specific student*. Please indicate below if you agree for your child to be in these **specific** photographs, audio/videotapes or interviews.

I, _____, parent or legal guardian of _____,

hereby **GIVE** **DO NOT GIVE** permission to Fayette County Public Schools to allow my child to be **specifically** photographed, audio/videotaped, or interviewed by the **MEDIA, with the approval of the building principal**, in any way that would reasonably portray programs or events at the Fayette County Public Schools. I further release the Board of Education of Fayette County, Kentucky, and any of its employees or agents, from any compensation or damages in allowing the media's use of photographs, audio/videotapes, or interviews of my child. I do further certify that I am of full legal capacity to execute the above authorization and release.

Date: _____

PARENT/LEGAL GUARDIAN