

St. Joan of Arc PSR
Picture Consent Form
2017-2018

I understand that still and/or video cameras may be used during some activities and may be used in future publications (and/or) for advertising. **No names will be used.**

I, as the parent/legal guardian of _____ (child/ren)
DO hereby grant permission for my child/ren to have their picture taken as part of the St. Joan of Arc PSR Program for the 2017-18 school year.

Parent/Guardian Signature

_____/_____/_____
Date

- OR -

I, as the parent/legal guardian of _____ (child/ren)
DO NOT grant permission for my child/ren to have their picture taken as part of the St. Joan of Arc PSR Program for the 2017-18 school year.

Parent/Guardian Signature

_____/_____/_____
Date