

McCarthy Teszler School

Media Release Form

2019-2020 School Year

 YES, my child has permission to participate in the following

(Please check the appropriate boxes)

Video/Photograph media use	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Video/Photograph School/District use	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Yearbook photo	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**I UNDERSTAND ACTIVITIES WILL BE APPROVED AND MONITORED
BY SCHOOL OFFICIALS.**

 NO, my child does not have permission

STUDENT NAME _____

PARENT / GUARDIAN SIGNATURE _____

DATE _____