



Photo / Video Permission Form

Name of Child : _____ Date of Birth: _____

The Hearing School of the Southwest takes many photos/videos of children throughout the school year. These may be used in school publications or promotions for the school.

I give permission for The Hearing School of the Southwest to take photos/videos of my child that may be used in school publications or promotions.

Signature: _____ Date: _____
(Parent or Legal Guardian)