| Child's Name: |  |
|---------------|--|
| DOB:          |  |
| Center:       |  |

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## **KVCAP Child & Family Services/Educare Central Maine** Media Release Form

KVCAP Child & Family Services/Educare Central Maine documents children's learning through the use of technology. We use this media for a variety of reasons. For this purpose, "media" is defined as images, videos, and/or parent stories. Media is collected for developmental purposes as part of invidiual ongoing child assessments. We need your permission before we can use your child's/family's media in other ways inside and outside of the early care environment or inside and outside the agency. Please note.

| this media may be used even after your child/ren leaves the program.   | <i>i</i> ,               |
|--|--------------------------|
| I give permission for my and my child's media to be used for the following put that it may be reproduced, copied, modified, in whole or in part:   | rposes and understand    |
| 1. In the program/agency's electronic and printed information, in any related of electronic and printed information, on KVCAP, Educare Central Maine and web sites, and in media articles and broadcasts (newspaper, television).                        |                          |
| Circle one: YES NO   |                          |
| 2. In the early care environment, in group images or video's that may be share families, and for staff development purposes.   | ed with other enrolled   |
| Circle one: YES NO   |                          |
| I also understand that confidentiality issues arise when taking pictures/videos include images of children other than my own and/or staff. To the best of my capturing images of my own child/ren and/or request permission when taking other child/ren. | ability, I will focus on |
| I am the parent/guardian of I give permis my child's image as indicated above.   | ssion for use of my and  |
| Parent/Guardian Signature: Date:   |                          |
| Parent/Guardian Printed Name:  |                          |