

Siskiyou (SCOE) State Preschool

1 Child's Way

Yreka, CA 96097

PLEASE READ EACH SECTION BELOW BEFORE SIGNING

Consent for Publication of Photographs – For children under the age of 18

Student's Name _____

As the parent or guardian of the above named student, I hereby give permission for the use of photographs or videos taken of my child in any newsletter, brochure, newspaper, website, electronic publication or other document that is published, distributed, or issued by the Siskiyou County Office of Education (SCOE) or given by SCOE to the media.

I further agree to release SCOE, its officers, agents and employees from any and all claims, demands, and actions of any kind that I may have against them in regard to the publication of the photographs or display of videos.

Parent/Guardian Signature _____ Date _____

Field Trip Release

Student's Name _____

I hereby give my consent to have the above named student participate in walks and rides away from Siskiyou (SCOE) State Preschool Facility. I understand any rides will be in either agency vans or private vehicles with each child in a car seat.

Parent/Guardian Signature _____ Date _____

Observation Permission

Student's Name _____

I hereby give permission for a College of the Siskiyous, Shasta College, and/or Southern Oregon University student teacher, or SCOE Health Services staff member to observe my child and/or document my child's work in portfolio form or through photographs, for the purposes of completing the requirements for an Early Childhood Education Program or Nursing Program. I understand the information collected will only be shared with the College of the Siskiyous, Shasta College, and/or Southern Oregon University program Instructor, the student teacher and the lead teacher in my child's classroom.

Parent/Guardian Signature _____ Date _____