



**Elementary/ Middle School/ High School  
Photo/Video Release Form**

I hereby consent to have my child \_\_\_\_\_ photographed, videotaped, or interviewed. I consent to the use of my child's photograph or likeness in school newsletters, local newspapers, the HCS Web site, or other electronic/digital/print media. I understand that my child may be identified by name, grade or school.

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Number (H): \_\_\_\_\_ Cell: \_\_\_\_\_

Parental e-mail: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date: \_\_\_\_\_