

**Authorization and Release to Media
St. Matthew School**

Schools ask parents/guardians to sign a Release and Authorization form for the use of any video tapes, photographs or similar items used by the media or on a school web page.

RELEASE AND AUTHORIZATION

I understand that by signing this Release and Authorization I hereby grant authority to **St. Matthew School** for the use of any video tapes, photographs, or similar items in which my child/children might appear, or statements made by them, in the production, display or sale of public service announcements.

Parent/Guardian's signature _____

OR

I do not grant authority to **St. Matthew School** for the use of any video tapes, photographs, or similar items in which my child/children might appear, or statements made by them, in the production, display or sale of public service announcements. I understand that it is my responsibility to advise my child/children to absent themselves from any team/group pictures which might be used for publication. It is not my intent to block the use of a team/group picture in which my child/children appear. I do desire, however, that my child/children be allowed to absent themselves upon request without consequence from group pictures and that their individual photos not be used for publication.

Parent/Guardian's signature _____

FIELD TRIP

My Child _____ in grade _____ has my permission to participate in all field trip activities within the metro area during the current 05/06 school year.

Please Circle Yes No

Signature of Parent/Guardian _____ Date _____