



NJSACC
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To:
 From:
 Re: Photo/Video Consent
 Date:

NJSACC New Jersey School Age Care Coalition), in partnership with (ENTER AFTERSCHOOL PROGRAM NAME _____) uses photographs, slides, videos, voice or illustrations of children in out of school time programs **for the purpose of promoting quality after school programs.** Such photographs, videos, voice or other illustrating material may be used in newsletters or publications produced by NJSACC in slide presentations and/or videos about after school programs, by the news media in after school news coverage, in video productions aired on television and/or internet produced by NJSACC, or in other similar forms of communication. At no time, will NJSACC identify students by name, age or location other than program name.

This form allows you as a parent or guardian to choose whether or not your child may appear and/or have voice footage in a video, photograph, or other illustration used by NJSACC including: news releases, photographs, audiotapes, videotapes, internet transmissions, and any publication or news release while your child attends (ENTER AFTERSCHOOL PROGRAM NAME _____).

PLEASE CHECK ONE:

- I give permission** to the New Jersey School Age Care Coalition (NJSACC) to make and use photographs, slides, videos, of my child as described above.
- I do not give permission** for my child to be included in presentations by the New Jersey School Age Care Coalition.

My permission or lack of permission shall remain in effect unless revoked by me and communicated to my after school program in writing.

Parent/Guardian Name

Child's Name

Signature

Date