



**NORTH CANTON CITY SCHOOLS**  
**MEDIA PERMISSION FORM**

Dear Parent/Guardian,

There may be a time when your child will be asked to participate in a photograph session and/or videotaping during the school year.

Should this occur, **I DO NOT GIVE PERMISSION** for my child, \_\_\_\_\_, to be photographed or videotaped under the supervision of the school or to use the photographs and/or videotape in various media during the school year or for instructional purposes.

Print Student's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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