2016-2017
Parent Consent Form - Images and Media

Electronic/Print Media
Because of the intense interest in public education and mentoring, print and electronic media sometimes request to visit M2M for stories about programs and current events. In accordance with such activities, M2M policy requires parental approval be obtained before the media may take close-up pictures of children, or use a child’s photo in non-M2M publications.

Please indicate by checking the appropriate box whether you will allow your child to be interviewed and photographed by the print and/or electronic media.

___ Yes, I give my permission for the media to interview and/or photograph my child.
___ No, I do not want my child interviewed or photographed by the media.

I acknowledge by my signature below that I understand the above stated information.

M2M Media
In the interest of promoting the successful programs of M2M and improving outside communications, we are increasingly using photographs and video footage of the mentees in our programs. This agreement constitutes permission to use photographs and video footage of the child named below in presentations about our programs that may be distributed by M2M. All photographs and video footage shall remain the sole property of M2M. I understand that no compensation will be made to me for this use.

___ Yes, I give my permission for M2M to use photographs/video footage of my child for information and possible distribution about its programs or people. I understand that my child’s full name will not be used unless separate permission is given by me.
___ No, I do not want photographs/video footage of my child used by M2M for information and possible distribution about its programs or people.

I acknowledge by my signature below that I understand the above stated information.

M2M will adhere to the following guidelines as it pertains to child information and images:
• No confidential child information shall be published or linked to a Web page.
• No first and last names may be associated with pictures.

___ Yes, I give permission to publish photograph(s), first name and non-confidential information of my child.
___ No, I do not want my child’s photograph(s), first name or non-confidential information published on the Web.

Child’s Name: __________________________________________

Parent/Guardian: _______________________________________

Date: ____________________________________________