



PHOTO PERMISSION SLIP

I give permission for _____ to be photographed and/or video-taped and to have those pictures appear in any media coverage for Volusia County programs.

Parent/Guardian Signature

Date

Person (s) who will care for child in case parent cannot be reached:

Name: _____ Phone # _____

Address: _____

Name: _____ Phone # _____

Address: _____

Name: _____ Phone # _____

Address: _____