



**HAMILTON
COUNTY
SCHOOLS**

Permission Form – Grades K-8

Please print all information

Student Name (First Name, Middle Name, Last Name): _____

Parent/Guardian (First Name, Middle Initial, Last Name): _____

I confirm my child's participation in the areas identified with a check mark below:

PERMISSION	Y	N
As we participate in our community, we have opportunities to provide photos of our students in newsworthy events. Photos and video footage may be used in newspapers, school promotions, school brochures and fliers, TV news and district publications. Please indicate if we have your permission to publish your child's photo and/or video footage.		
My child has permission to be photographed or video-recorded for *social media accounts.		
My child has permission to access networked computer services such as electronic mail (e-mail) and the Internet. I further understand that deliberate misuse by the student resulting in hardware and/or software damage will be the responsibility of the parent/guardian.		
My child has permission to participate in vision, hearing, height, weight and blood pressure health screenings.		

*Social media is defined as forms of electronic communication (as websites for social networking, Facebook, Twitter and microblogging) through which users create online communities to share information, ideas, personal messages, and other content including pictures and videos, deemed appropriate by school staff.

Parent or Guardian Signature _____ Date _____



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