

**BREA OLINDA UNIFIED SCHOOL DISTRICT
PHOTO RELEASE FORM**

A request has been made to have your student photographed by BOUSD Department of Child Care Services for pictures of activities for Child Care Services Activities.

Please complete and sign the form below.

(PLEASE RETURN THIS PORTION TO THE BOUSD DEPARTMENT OF CHILD CARE SERVICES)

I give my permission for

_____ (child's name)

To have his/her picture taken for

_____ Pictures of Activities _____

*I do not give my permission for

_____ (child's name)

To have his/her picture taken for

_____ Pictures of Activities _____

***If you choose not to let your child be photographed, please be sure to make your child aware of your decision.**

Parent/Guardian Signature _____

Date _____

Student Name _____

School of Attendance _____