

BALDWIN COUNTY BOARD OF EDUCATION

PARENT PERMISSION FORM

Student Name _____ **Grade** _____ **School** _____

I, _____, parent or guardian of the minor child, _____ agree to permit the Baldwin County Public Schools to photograph, audiotape, or videotape my child at any time my child may be at school or at any school function or activity and I give my permission to the Baldwin County Public Schools to use any such photographs, audiotapes or videotapes for whatever purpose they may deem appropriate.

Date

Signature of Parent/Guardian