



# Media Consent

I, \_\_\_\_\_ the parent/guardian of  
(Parent/Guardian Name)

\_\_\_\_\_ make the following determination about  
(Child's name)  
Community Action of Southeast Iowa Head Start and Early Head Start and the use of photos/videos taken of myself and my child, within the Head Start and Early Head Start Program. Photos/videos may be used for publications to promote the Head Start and Early Head Start program (examples: printed materials like flyers, TV/Newspaper and/or online publications like Facebook/Twitter/website).

I understand that if I decide that I no longer wish for pictures to be used in any publications, I must contact Community Action directly to notify them. I will contact the following person at the following phone number and/or address:

Jill Hulett  
Family Services Coordinator  
2850 Mt. Pleasant Street, Suite 108  
Burlington, IA 52601  
319-753-0193

\_\_\_\_\_ I give permission to use photos/videos

\_\_\_\_\_ I do not give permission

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

CC: Parent/Guardian, Child's File, ChildPlus