

ST. THOMAS EPISCOPAL CHURCH PARENT'S DAY OUT  
12251 Antioch Rd, Overland Park, Kansas 66213  
CONSENT AND RELEASE FORM

Dear Parents or Guardian,

In an effort to respect parent and guardian wishes regarding the use of your child's photo, video, or audio; we ask that you read the consent form below. Please indicate your preferences, and sign and return this document to the Parent's Day Out staff. We must have this form on file for you child/children. If you have any questions, contact Meghan Chaney, Parent's Day Out Director, at 913-451-0512 ext. 230 or email at [mchaney@stthomasop.org](mailto:mchaney@stthomasop.org)

\_\_\_\_\_ I give permission for my child to be photographed, videotaped and or audio taped during Parent's Day Out for 2017-2018 by my parents or other students, Parent's Day Out staff and church staff. I consent that these pictures and/or sounds may be shared with the Parent's Day Out children and their families, and church membership. I give permission to use my child's photograph in pictures displayed inside and outside of the classroom and around the church building, for publicity of the Parent's Day Out Program. No Names will be listed with the pictures.

\_\_\_\_\_ I agree that these pictures and/or sounds may be used on Tower Talk (church weekly announcements), the Apostle (monthly Newsletters), Parent's Day Out flier or brochure, displays and enrollment material. No names will be listed with the picture.

\_\_\_\_\_ I agree that these pictures and/or sounds may be used on our church website.

\_\_\_\_\_ I DO NOT give permission for the use of my child's photograph, videotape, and/or audiotape during Parent's Day Out for 2017-2018.

\_\_\_\_\_  
Print: Parent/Guardian Name

\_\_\_\_\_  
Print: Child's Name

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

\_\_\_\_\_  
Date