

Children attending the Strathcona County Family Day Homes program may be photographed and/or videotaped individually or as part of a group. We would like your consent to use your child's images in the activities listed below.

Please indicate your consent for each type of use of your child's images.

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Agency Newsletters	<input type="checkbox"/>	<input type="checkbox"/>	Placed in children's files
<input type="checkbox"/>	<input type="checkbox"/>	Art Projects	<input type="checkbox"/>	<input type="checkbox"/>	Kept in day home photo albums
<input type="checkbox"/>	<input type="checkbox"/>	Posted in an educator's home	<input type="checkbox"/>	<input type="checkbox"/>	Document observations (learning stories)
<input type="checkbox"/>	<input type="checkbox"/>	Educator taking group photos including my child and sharing the image with all families in my child's day home. Images may be printed or digital.	<input type="checkbox"/>	<input type="checkbox"/>	Shared with parents electronically including: text, emails, and private social media groups/apps.
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____			

I am the legal guardian of the child(ren) listed below, and by signing this release hereby authorize Strathcona County and its agents to use my child's image for the uses indicated above. This consent is valid for any materials created for seven years after date of signing. I realize that I may withdraw my consent in writing at any time by contacting the agency at 780-464-4044.

In giving my consent, I hereby release and hold harmless Strathcona County and their agents, employees, officials, representatives and contractors from any and all responsibility or liability for damage of any kind suffered in any manner whatsoever.

I hereby relinquish any and all personal or proprietary rights I may have in connection with such use. I understand that I will receive no compensation should my child's image be used.

Names of Child(ren):

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

\_\_\_\_\_  
Please Print - Parent/Guardian Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print - Witness Name

\_\_\_\_\_  
Signature – Witness

\_\_\_\_\_  
Date

**Collection and use of personal information**

Personal information is being collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be used to manage and administer Strathcona County family day homes photo/video collection. If you have any questions about the collection or use of this information, please contact the Family Resource Network Manager at 780-464-4044.