

# Photo/Video and Sunscreen Permission Form

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

I give permission for the staff of FBA to:

Put sunscreen on my child.

Yes

No

To take pictures and videos of my child.

I understand that these photos and videos will only be shared on my child's classroom personal Facebook Group.

Yes

No

Parent's Signature

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Date

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