



Rhode Island Department of Human Services

All Providers: Photo Consent Form

Revised 1/2023

Photo Consent Form		
I, _____, authorize, _____, to		
Parent/Guardian's Name		Name of Center or Family Child Care
photograph or videotape my child, _____, related to any/all of the		
	Child's Name	
following activities:		
<input type="checkbox"/> To post in the classroom		
<input type="checkbox"/> To post on the school's website or social media pages		
<input type="checkbox"/> To post on the platform the school uses: _____		
By signing below, I understand that the program may photograph my child during normal child care hours, field trips or activities. I also understand that this form is valid one (1) year from the date signed and it is my responsibility to update this form prior to this day if I no longer authorize the above consents.		
_____	_____	_____
Parent/Guardian Signature	Parent/Guardian Name	Date
I, _____, DO NOT authorize, _____, to		
Parent/Guardian's Name		Name of Center or Family Child Care
photograph or videotape my child, _____, related to any/all of the		
	Child's Name	
following activities:		
<input type="checkbox"/> To post in the classroom		
<input type="checkbox"/> To post on the school's website or social media pages		
<input type="checkbox"/> To post on the platform the school uses: _____		
By signing below, I understand that the program MAY NOT photograph my child during normal child care hours, field trips or activities. I also understand that this form is valid one (1) year from the date signed and it is my responsibility to update this form prior to this day if I no longer authorize the above consents.		
_____	_____	_____
Parent/Guardian Signature	Parent/Guardian Name	Date

****This must be filled out by every parent and kept in the child's file.***