

MEDIA RELEASE

I give permission to have my child _____,
appear in any media coverage approved by SSM Health Child Care Center. I understand
that the Director has the authority to determine appropriate requests.

Signature of parent/guardian

date

Signature of parent/guardian

date

I do **NOT** give permission to have my child _____,
appear in any media coverage.

Signature of parent/guardian

date

Signature of parent/guardian

date