

**MEDIA CONSENT FORM**

St. Kateri Tekakwitha Faith Formation Program engages in various correspondence and publicity with families, parishioners and other members of the community regarding various aspects of this program. Parents are given the option of authorizing the use of their children’s photos with or without names for those purposes, if they so desire.

If you wish to provide authorization, please complete the information below, and provide it to the parish Faith Formation Director.

**PARISH NAME:** St. Kateri Tekakwitha Catholic Church

**CITY:** Dearborn, MI

<b>STUDENT’S NAME</b>	<b>DATE OF BIRTH</b>	<b>GRADE LEVEL</b>

Parents may cancel this Authorization at any time by providing written notice the Parish at:

**St. Kateri Tekakwitha Catholic Church**

**Faith Formation Director**

**16101 Rotunda Dr.**

**Dearborn, MI 48120-1118**

**VIDEO/PHOTOGRAPHY UTILIZATION**

1) I give permission for my child/children to be photographed or videotaped for educational and community relations not-for-profit use such as newsletter articles, parish bulletin, community newspaper articles, websites, etc.

\_\_\_\_\_  
(Signature of Parent/Guardian) (Date)

\_\_\_\_\_  
(Print Name of Parent/Guardian)

2) In addition, I give permission for my child’s name to accompany my child’s photo or video be published for community relations/PR purposes, etc.

\_\_\_\_\_  
(Signature of Parent/Guardian) (Date)

\_\_\_\_\_  
(Print Name of Parent/Guardian)