



## Photo Consent Slip

Please fill out 1 or 2, **not both**.

My child(ren), \_\_\_\_\_, **may be** photographed/ video recorded by SSLC staff, and shared on SSLC's website, social media, and Brightwheel.

1. My child(ren), \_\_\_\_\_, **may not be** photographed/ video recorded by SSLC staff, and shared on SSLC's website, social media, and Brightwheel.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_