

FAITH LUTHERAN CHURCH MEDIA CONSENT FORM (Please print legibly) (6.25.2021)

Child's Name _____

Age _____ Birthday _____ Grade _____

Street Address _____

City _____ State _____ Zip _____

Parent(s)/Legal Guardian _____

e-mail address _____

Home Phone _____ Parent's Cell Phone _____

I understand that I can change my preferences at any time by contacting the church office.

Print Name _____

date _____

signature _____

SOCIAL MEDIA & PHOTO AUTHORIZATION

I grant permission for my child to be contacted or my child's photograph to be used in the following ways.

| YES | NO |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

SOCIAL MEDIA

Text to child's cell # _____
Call child's cell # _____
Email child at _____
Facebook: message & friend _____
Twitter, Instagram, etc. _____

| YES | NO |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

PHOTOGRAPH / VIDEO

Church bulletin board displays
Overhead projection
Newsletter
Website (*first name only*)
Facebook (*no names*)

PLEASE RETURN THIS FORM TO
THE FAITH LUTHERAN CHURCH OFFICE