

 Policy #: P-3	Effective Date: 11/11/95	Page #: 1 of 3
Ref #: 1304:51(g)	Policy Council Approval Date: 8/28/07, 2/26/08	Revision Date: 4/11/07, 5/30/07, 2/13/08

COMPONENT: PARENT INVOLVEMENT

SUBJECT: TAKING PICTURES AND PUBLISHING PHOTOGRAPHIC MATERIALS OF HEAD START CHILDREN

PERFORMANCE OBJECTIVE: To establish a standard for picture taking and publication of photographic materials for Head Start children and families while maintaining their privacy.

OPERATING PROCEDURE: *Publication*

Any and all photographic material (portraits, pictures, videos, etc.) of Head Start children can not be published in any manner without the written permission of the child's parent/guardian.

In the event a child's picture, portrait, etc. is taken and may be published in the newspaper or other publications, the permission to publish form must be completed.

HIGHLAND RIM HEAD START

P.O. Box 208 • 3215 State Route 149
Erin, Tennessee 37061



Program Permission Form

I HEREBY GIVE MY PERMISSION for my child to receive the examinations and services checked below. I understand that I will be notified in advance of the date and place of health services and that I may attend. I understand that I will be notified of the results of all screenings and assessments. I understand that all services will be provided free of charge to Head Start children and that parents of day care children will be contacted in advance if there is any charge for services.

<u>Service</u>	<u>Yes</u>	<u>No</u>
Dental Screening	___	___
Dental Exam/Fluoride	___	___
Hearing Screening	___	___
Vision Screening	___	___
Speech/Language Screening	___	___
Developmental Assessment	___	___

IN ADDITION, I GIVE MY PERMISSION for the following:

	Yes	No
For Highland Rim Head Start staff to visit my home during the school year (at my convenience) for home visits .	___	___
For my child to participate in field trips.	___	___
For my child to participate in picture taking approved and supervised by Head Start Staff (some pictures may be published)	___	___
For my child to be transported by Head Start staff to participate in any Head Start activity.	___	___

The above items have been explained to me. To the best of my knowledge, I have answered all the items correctly. I understand that I will be given advance notice before my child participates in any of the above activities.

Signature of Parent/Guardian

Signature of Staff Witness

Date: _____

Date: _____

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PERMISSION TO PUBLISH PHOTOGRAPHIC MATERIAL

I, _____, give absolute right and permission for Highland Rim Head Start
(Parent/Guardian's Name)
to copyright and/or publish any photographic portraits or pictures of my child, _____.
(Child's Name)

I agree that any such photographs become the exclusive property of the Highland Rim Head Start Program. I understand that the photos may be used as the programs sees fit in publication of education material, advertising, newspaper, or any other lawful purpose.

Signature of Parent/Guardian

Date