

# The Diocese of Kansas City - St. Joe Parent/Guardian Photo & Recordings Consent Form

Name(s) of Student(s) and Child(ren):

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\_\_\_\_\_ I hereby grant permission for this/these student(s)/child(ren) to be included in the photographs, videos and other recordings made in connection with Christ the King Parish School/Center and/or the Catholic Diocese of Kansas City - St. Joseph for a period of one calendar year.

\_\_\_\_\_ I do not grant permission for this/these student(s) child(ren) to be included in any photographs, videos and other recordings for a period of one calendar year.

I have read, understand and agree to the above statement.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

*Forms will be kept on file in the school/center for a period of three years.*