Washington State Department of CHILDREN, YOUTH & FAMILIES

Child Care Parent/Guardian Permission

Child's Name (First Middle Last)	Licensee's Name

Photo, video, or surveillance activity

I give my permission for the licensee or the licensee's staff to:

	Yes	No
Take photographs of my child		
Take video of my child		
Capture my child's image on surveillance video used at this child care facility		

I have reviewed the licensee's written policies and have had the opportunity to discuss with the licensee the policies pertaining to the items listed on this permission form.

_____ _____

Parent or guardian signature Date

_____ _____

Parent or guardian signature Date