



Video and Film Usage Parental Consent Form (INS-F044)

Date _____

Parent or Guardian:

It is my intention to show the following video/DVD to your child's class. We are seeking your written permission for your student to view the video/DVD during the instructional day. Please complete and sign the form below, authorizing or exempting your youngster from the showing. Students exempted from the video/DVD showing will be given an alternate educational activity to complete. Please contact me if you have any questions.

Teacher/Class _____ Contact info: _____

Title of the video/DVD _____

Summary of the recording: _____

Date of use: _____ MPAA /TV Rating: _____

Curriculum standard supported by video: _____

Sincerely,

Teacher

Principal

-----Tear here. Return bottom portion to the classroom teacher.-----

Name of Student: _____ Date: _____

_____ My student has permission to view this video/DVD.

_____ My student does not have permission to view this video/DVD and should receive an alternate educational activity.

Name of Parent _____ Signature: _____