

---

Student's Name

---

School

SAC occasionally photographs or videotapes students during various activities. These photographs and videos may be used in the newspaper, SAC brochures or scrapbooks, or on our website. Please indicate your preference below:

I give permission for my child to be photographed or videotaped by the Putnam County SAC Program.

I do not give permission for my child to be photographed or videotaped by the Putnam County SAC Program.

---

Parent Signature

---

Date

SAC applies sunscreen and/or insect repellent to students before and during extended periods outside. Please indicate your preference below:

I give permission for the Putnam County SAC Staff to apply sunscreen to my child

I do not give permission for the SAC Staff to apply sunscreen to my child

I give permission for the Putnam County SAC Staff to apply insect repellent to my child

I do not give permission for the SAC Staff to apply insect repellent to my child

---

Parent Signature

---

Date