

## Consent for Picture/Print/Video/Radio Release for All Students

The Bartow County School System from time to time develops and/or participates in presentations and events for positive educational purposes concerning the various instructional and extracurricular activities that take place during the course of the school year. These presentations/events may include photos, slides, tapes, videos, and articles. These may be utilized in faculty in-services, parent programs, staff development, and community relations (newspaper articles, TV presentations, brochures, etc.) The information and/or photographs may also be used as part of the school's Internet web page.

The media (newspaper, radio, television) sometimes make requests to videotape, interview, and/or take photographs of students for news purposes. Instructional time will always be protected. In the rare event a media request of this nature is granted, your student will be under the supervision of a school staff member during the on-campus interview/photography session. Your student may reserve the right to refuse to answer any question that may make him/her feel uncomfortable or that could potentially put him/her or our school family in an embarrassing light.

In order to comply with the rights of you and your child, please indicate your approval/disapproval for the possible use of your child's picture and/or name for these purposes.

I **approve** of the use of my child's name and/or picture as stated above.

I **do not approve** of the use of my child's name and/or picture as stated above.

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*Name of Child*

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*School*

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*Parent/Guardian Signature*

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*Date*

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## Medical and Health Insurance

Bartow County School System is not responsible for providing medical and health insurance coverage to students. Student medical and health insurance may be purchased through an independent provider, Markel Insurance. An insurance packet containing a description of coverage and application forms is provided to each child. It is mandatory that you complete the following statement acknowledging receipt of this packet.

I have received the student information packet, and

I will purchase the student insurance for my child.

I do not choose to purchase the student insurance for my child.

*Failure to mark this form acknowledges your rejection of the student insurance.*

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*Name of Child*

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*School*

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*Parent/Guardian Signature*

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*Date*

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