

## Parental Consent Letter for Video Recordings

Date: \_\_\_\_\_

Dear Parent/Guardian

On \_\_\_\_\_, I intend to show the video \_\_\_\_\_  
as part of our study of \_\_\_\_\_.

The purpose for showing this video in class is \_\_\_\_\_

In addition to watching the video, the students will \_\_\_\_\_

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This letter is being sent to you in accordance with Carman-Ainsworth Community Schools' guidelines for use of video recordings in the classroom. Because this video has a rating of \_\_\_\_\_, district policy requires parental permission. Please complete and return the form below to indicate whether or not you are giving permission for your child to view this video. Students who do not have parental approval will be given the following alternate assignment to complete: \_\_\_\_\_

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If you have any questions about this video, please feel free to contact me at \_\_\_\_\_

Sincerely,

Name of Student \_\_\_\_\_

\_\_\_\_\_ I give permission for my child to view \_\_\_\_\_

\_\_\_\_\_ I do not give permission for my child to watch the video. I want my child to be given the alternate assignment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date