



RCMTG
Rockland County Music Teachers Guild

Student Name and Photo Parental Consent Form

Please check only one of the following:

- I give my permission for my child's name and/or photo to appear in Rockland County Music Teachers Guild's social media, website, Youtube, sponsored publications, and/or newsletter.

MUST CIRCLE ONE or BOTH:

Name

Photo

I want the following social media handle tagged on the following platform (optional)

Exclude the following use(s):

- I do not give permission for my child's name and/or photo to be used in the above.

Student Name _____

Parent/Guardian Name _____

Relationship to student _____

Parent/Guardian Signature _____

Date _____

Name of Teacher _____

Rockland County Music Teachers Guild | P.O. Box 283, New City, NY 10956

www.rcmtg.org