



Photo Release for Medical Purposes

I, _____, give permission for my child(ren) to be photographed for their safety plan/medical records only. This picture will not be made public and will be filed with their safety plan/medical records. The reason for the photograph is to enable the IVNS School nurses and staff to quickly identify your child(ren) should a medical emergency arise.

Name of child(ren):

Signature: _____

Date: _____