



United Federation of Teachers  
A Union of Professionals

CONSENT TO NAME, PHOTOGRAPH, FILM OR VIDEOTAPE  
A CHILD FOR NON-PROFIT USE  
(e.g.: educational, public service or health awareness purposes)

Name of Child: \_\_\_\_\_

Name of Child Care Program (if applicable): \_\_\_\_\_

Name of Provider: \_\_\_\_\_

Program/Provider's Address: \_\_\_\_\_

I, \_\_\_\_\_, hereby consent to the participation in interviews,  
(Parent or Guardian's name)  
the use of quotes, and the taking of photographs, movies or video tapes of my son/daughter and his/her  
child care-related activities by the United Federation of Teachers. I also grant to the United Federation  
of Teachers the right to edit, use and reuse said products for non-profit purposes. I also hereby release  
the United Federation of Teachers and its agents and employees from all claims, demands, and liabilities  
whatsoever in connection with the above.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Address of Parent/Guardian)

*Please return this form to the UFT member or staffer who gave it to you.  
Otherwise, fax it to the UFT at 212-529-8924, attention: UFT Photo Coordinator.*