



**teaching
children
excellence**

Youth Media Release Form

NDI New Mexico

Child Information

- Child's Name: _____
- School/Program Site: _____
- Parent/Guardian Name: _____

Section 1: Required Consent for Department of Health Reporting

As part of our funding contract with the New Mexico Department of Health (DOH), our organization must provide photographs that demonstrate the impact of our youth development programs. These photographs are used confidentially by the DOH for internal grant reporting and accountability only. They will not be publicly distributed or posted.

I consent to my child being photographed during program activities, and I authorize [Organization Name] to share these photographs with the New Mexico Department of Health solely for required grant reporting.

I do not consent. I understand this may limit my child's participation in activities that require photo documentation for DOH reporting.

Parent/Guardian Initials: _____

Section 2: Optional Consent for Public Use (Social Media, Marketing, Publications)

Separately, NDI New Mexico may wish to use photos of program activities to promote our mission and celebrate student achievements. This may include posting images on social media, websites, newsletters, brochures, or other public materials.



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This consent is optional. Refusing will not affect your child's participation in our programs.

Yes, I consent to [Organization Name] using photos of my child for public purposes, including social media, websites, printed materials, or other external communications.

No, I do not consent to any public use of my child's photographs.

Parent/Guardian Initials: _____

Section 3: Duration and Revocation of Consent

- This consent remains valid until revoked in writing by the parent/guardian.
- I understand that once images are posted publicly, [Organization Name] cannot control or guarantee how they may be shared by others.

Parent/Guardian Signature

I have read and understood this form. I voluntarily give (or withhold) consent as indicated above.

Signature: _____

Printed Name: _____

Date: _____

Organization Representative

Name/Title: _____

Date: _____