

Aging and Disability Services Division

Nevada Early Intervention Services

Media Consent

Child's Name (first and last):

Child's Date of Birth:

I give Nevada Early Intervention Services permission to use the following for public or educational reasons.

Photograph Videotaped Image Quotes/Comments Name

I understand that by giving permission, my information may be shared in publications, media, or other materials. I know this is my choice, and I will not be paid for it.

To give consent for additional family members, including other children in the home, please list their names and your relationship to them here.

Full Name: _____ Relationship: _____

Parent/Guardian Name (first, last):

Mailing Address:

City/State/Zip Code:

Home Phone:

Work Phone:

Signature:

Date: