

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:

Full Name: Relationship:

Full Name: Relationship:

Full Name: Relationship:

Full Name: Relationship:

Parent/Guardian Name (first, last):

Mailing Address:

City/State/Zip Code:

Home Phone:

Work Phone:

Signature:

Date: