



Durham Public Schools
Video/Digital Media Use in the Classroom
Parental Informed Consent

Date _____

Dear Parent or Guardian:

It is my intention to show the video/digital media resource as described below to your student's class, and am seeking your written permission for your student to view the video. In compliance with the Durham Public Schools' **Policy 3045 – Use of Videos and Digital Media**, please complete and sign the form below, authorizing or exempting your student from the presentation. Students whose parent or guardian has requested exemption for their student will be given an alternate educational activity to complete during the time of the showing. Please contact me if you have any questions.

Teacher/Class: _____ Contact information: _____

Title of the Video/Digital Resource: _____

Summary of the resource: _____

Instructional goal: _____

Date(s) of use: _____ MPAA rating: _____

-----(*Tear here. Return the bottom portion to the classroom teacher.*)-----

Name of Student: _____ Date: _____

_____ My student has permission to view this video/digital resource.

_____ My student does not have permission to view this video/digital resource. I understand that my student will receive an alternate educational activity during the time of the showing.

Name of Parent/Guardian: _____ Signature: _____

Refer to Policy 3045