



PHOTOGRAPHIC AND CONSENT RELEASE FOR A MINOR CHILD

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Name (please print) _____
Name of School _____ Grade _____
Phone _____ Email _____
Street Address _____ Zip Code _____
Signature _____ Date _____

Thank you for your contribution to our work on behalf of children.

If you have any questions about the program, please contact the Vision for Baltimore team at [410-616-2344](tel:410-616-2344) Or email at v4b@bcps.k12.md.us.