

SAMPLE

MEDIA USE PERMISSION FORM*

Child's Name: _____ **Age:** _____

I do/do not give permission for my child to use or view the following:

	YES	NO
Television Viewing	_____	_____
Video Viewing	_____	_____
Music	_____	_____
Video Games	_____	_____
Computer Use	_____	_____
Other: _____	_____	_____

My child may engage in the approved activities for up to _____ total hours per day.

* Regulations for facilities caring for children require that media use is permitted only with the written approval of a child's parent or guardian, including appropriate time limits.

These activities must not contain violence, profanity, nudity, sexual, or inappropriate content.

All children must be provided with an alternative activity once the child/children lose interest in the media activity.

Signature of Parent or Guardian: _____ **Date:** _____