



**** 2025 Newsletter Subscription ****

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PO Box 141
Paullina, IA 51046

***** PLEASE READ & SIGN BACK OF FORM *****

NIHSA PHOTO CONSENT FORM

The purpose of this consent form is to inform you of the risks and to request permission for NIHSA to publish your child's or family photos, image or name in the NIHSA newsletter, NIHSA website or Facebook page or other social media outlets or publications in connection with your child or family activities.

As you are aware there are potential dangers associated with the posting of personally identifiable information online. Global access to the Internet does not allow NIHSA to control who may access such information. These dangers are inherent in online communication. The law requires that we ask for your permission to use your information about your child or family.

NIHSA will not release any personally identifiable information without written consent from you as parent or guardian. Personally identifiable information includes names, videos, photos or images.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time by sending a letter to the NIHSA newsletter editor. Such rescission will take effect upon receipt of your letter by NIHSA.

Check **one** of the following choices:

I/We **GRANT** permission for NIHSA to publish videos, photos, images and descriptions of my child or family, including names on the NIHSA website, newsletter, flyers, Facebook page, or other social media outlets and publications.

I/We **DO NOT GRANT** for NIHSA to publish videos, photos, images and descriptions of my child or family, including names on the NIHSA website, newsletter, flyers, Facebook page, or other social media outlets and publications.

PRINT name(s) of Youth/Child(ren): _____

PRINT name of Parent/Guardian: _____

RELATIONSHIP to Youth/Child(ren): _____

PRINT name of family members over 18 years of age: _____

SIGNATURE of any family member over 18 years of age: _____

SIGNATURE: _____

Date: _____