**CONSENT TO PHOTOGRAPH FORM**

*We are requesting permission to take photographs or record video footage of your child for express use on publications, multi-media presentations or websites belonging to the church. As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information.* *These dangers have always existed; however, we do want to celebrate your child and his/her experiences. No personally identifiable information regarding your child will be published or provided to other organizations or individuals, except where this information is required by law, reporting suspected abuse or neglect, or in the case of an emergency. [Personally identifiable information includes: participant names, photo or image, residential address, email address or phone numbers.] If you, as Parent/Carer, wish to rescind this agreement, you may do so at any time. If you would like a copy of our Duty of Care & Child Protection Policy please contact:*

**Church:** **Office Ph:** **Email:**

**Please indicate *one* of the following choices below:**

\_\_\_\_\_ I DO grant permission for a photo/image that includes this child/young person without any other personal identifiers to be placed in church publications or published on the church Internet site/online forums.

**OR**

\_\_\_\_\_ I DO NOT grant permission for photo/image that includes this child/young person to be placed in church publications or to be published on the church’s Internet site/online forums.

**Child / Young Person’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Parent / Carer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relation to Child / Young Person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Parent/Carer)* **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[This form will remain effective for the remainder of this calendar year unless otherwise notified by Parent/Carer above]*