

PHOTOGRAPH/VIDEO PERMISSION FORM

Bar Hill Community Primary School

I am the parent/legal guardian of the child named below and I give permission for my child to be photographed or videotaped whilst in the care of the provider named above. (Please fill in one sheet for each child in the school)

Photographs may be used for the following purposes:

School Photo Album

School Display

School Concerts

Exhibition outside the school

Staff Coursework

Newspaper/magazine coverage of events

School Web Site

Sport Events / Competitions

Child's Name [Block Capitals]

Parent/Guardian's Name [Block Capitals]

Address

Parent/Guardian Signature

Date

FOR CHILD PROTECTION REASONS, CHILDREN'S NAMES WILL NOT BE GIVEN IN ANY PUBLICATION.