

USE OF IMAGES OF YOUR CHILD TO BE USED BEYOND THE SCHOOL

Name of child: _____

Name of parent/guardian: _____

PLEASE RETURN THE COMPLETED FORM TO THE SCHOOL AS SOON AS POSSIBLE

Project: _____

Description of Activity:

Timescale:

Types of photographic images to be taken:

Agencies involved :

Who will have access to images:

Safeguards to be used:

Any other information:

	Please circle
May we use your child's image in the above project	Yes / No

Signed _____

Date _____

Please return this form to: _____