

Photography & Video Consent Form

Parent/Guardian Name: Child/children's name: School name: Optional contact information (phone or email): Signature: Date:	
School name: Optional contact information (phone or email): Signature:	
Optional contact information (phone or email):Signature:	
Signature:	·····
Date:	
Photographs Yes No Consent to use images of my child where th clearly identifiable in all forms of media.	ey are
Videos Yes □ No □ Consent to use video recordings of my child written version of the words spoken in all for media.	
Voice recordings Yes No Consent to use recordings of my child's voice the written version of the words spoken in all of media.	
Publishing child's name Yes No Consent to use my child's first name and las or by using the following name:	t name
Forms of media include on the Scitech website, social media, e-newsletters, reports, print publica online or print media organisations promoting Scitech activities. Please tell us if you have any comments about how you wish to be represented:	tions and

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