

East Preston Day Care & Family Resource Centre

Photo Permission for Postnatal Program – Photo/Video Consent Form

We would be grateful if you would fill in this form to give us permission to take photos of you and your child and use these in our printed and online publicity.

I give the [**East Preston Family Resource Centre**](#) permission to take photographs and / or video of me or my child.

I grant [**East Preston Family Resource Centre**](#) full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the group's aims.

This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.

Name of child _____

Name of parent /guardian _____

Signature of parent /guardian _____

Date: _____