

**PHOTOGRAPH/VIDEO PERMISSION FORM
FOR
THOMAS EATON PRESCHOOL**

Child's Name:

Parent/Carer's Name:

I give permission for my child to be photographed whilst in the care of the provider named above for the following purposes (please tick all that apply):

	Yes	No
Children's Individual Learning Records	<input type="checkbox"/>	<input type="checkbox"/>
Staff coursework	<input type="checkbox"/>	<input type="checkbox"/>
Printed media i.e. newspapers/magazines	<input type="checkbox"/>	<input type="checkbox"/>
Internet i.e. school website	<input type="checkbox"/>	<input type="checkbox"/>
Whole school events (Please note that by consenting to this your child's image may be contained in other parent's photographs.)	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Carer's Signature(s)

Date: