

Kidsâ€™™ TV Show Audience Consent Form

Childâ€™™s Information

Full Name of Child

Age

Date of Birth

Parent/Guardian Information

Full Name of Parent/Guardian

Contact Number

Email Address

Consent

☐ I consent to my childâ€™™s participation in the Kidsâ€™™ TV Show and for their image and voice to be recorded and broadcast.

☐ I understand the data collected will be used solely for the purposes of the TV show production.

Additional Information (Allergies, Special Needs, etc.)

Parent/Guardian Signature

Date