

Sunday School Photo Release Consent Form

Child's Name

Parent/Guardian Name

Phone Number

Email Address

Consent

I hereby grant permission for photographs and/or videos of my child to be taken during Sunday School activities. These images may be used for church publications, website, and social media for the purpose of promoting church events and activities.

☐ I give my consent.

☐ I do not give my consent.

Additional Comments

Signature

Date