

Sunday School Photo Consent Form

Child's Information

Child's Full Name

Date of Birth

Parent/Guardian Information

Parent/Guardian Name

Email Address

Phone Number

Consent

I authorize Sunday School staff and volunteers to take photographs, video, and/or audio recordings of my child during Sunday School activities and events. These may be used for purposes such as sharing with the congregation, displays, website, and social media, without compensation.

☐ I give consent for my child's photo and video to be used as described above.

☐ I do not give consent for my child's photo and video to be used.

Signature

Signature of Parent/Guardian

Date