

Parental Consent Form for Photography and Video Use

Child's Information

Full Name

Date of Birth

Parent/Guardian Information

Full Name

Relationship to Child

Consent

I hereby give consent for photographs and/or video recordings of the child named above to be used for the following purposes:

- ☐ Internal Use (e.g., school records, presentations)
- ☐ External Use (e.g., website, social media, publications)

I acknowledge that these images or videos may be used in print and/or digital media and may be shared publicly.

Signatures

Parent/Guardian Signature

Date

Contact Information

Email or Phone

