Photography Parent/Guardian Consent Form

Child's Information

Child's Full Name	
ge	
Parent/Guardian Information	
Parent/Guardian Name	
Relationship to Child	
Contact Email	
Contact Phone	
Johnact Phone	
Consent Details	
Event/Program Name	
Date(s) of Event	
Location	
Purpose of Photography	
I give permission for my child to be photographed and/or filme	ed for the purposes described above.
urpose of Photography	

Parent/Guardian Consent

Signature		
	Date	