



**CONSENT TO TAKE / DISPLAY PHOTOGRAPHS IN CHURCH / CHURCH BUILDINGS /  
EVENTS**

Parish of \_\_\_\_\_

I give my consent to allowing a photograph / video\* of \_\_\_\_\_  
(full name of child)

date of birth \_\_\_\_\_ to be taken at / on\* \_\_\_\_\_  
(name of event / location)

and displayed at / on\* \_\_\_\_\_  
(where the images will be used)

for the period of \_\_\_\_\_  
(length of time)

after which it will be destroyed / returned to me\*.

Signature (parent/carer) \_\_\_\_\_ Date: \_\_\_\_\_

Name (parent/carer) \_\_\_\_\_

Signature (child) \_\_\_\_\_ Date: \_\_\_\_\_

Contact Details (Optional)

Tel No \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\*delete as appropriate