**Child Photograph Consent Form**

**Please tick all the boxes below that apply to you. (Please note that if any box is not ticked, we will assume that your consent has not been given.)**

* I give permission for my child’s image to be taken for the purpose of providing a record of time at the school, e.g. in a class, a year photograph, a school team photograph, etc. This also includes school displays, Class Dojo and Tapestry.
* I give permission for my child’s image to be taken and used in publicity material for the school, including printed and electronic publications of images or video.
* I give permission for my child’s image to be used on the school website.
* I give permission for my child’s image to be used by the news media in printed and/or electronic form and stored in their archives. This might include images sent to the news media by the school and images/ footage the media may take themselves, if invited to the school to cover an event.
* **I have read and understood the Lambley Primary School Use of Children’s Images Policy (May 2024).**
* **I understand that I can withdraw my consent at any time by contacting the school office in writing.**

**Name of pupil: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent / Carer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name (in block capitals): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**