



## PHOTOGRAPHY CONSENT FORM

Name: .....

Address: .....

..... Postcode: .....

Phone number: ..... Email: .....

I declare that I am the person named above

I declare that I am the parent/guardian of the person named above

Name of parent/guardian if subject is under 18:

.....

Address: .....

..... Postcode: .....

Phone number: ..... Email: .....

### Declaration

I give full consent for my/my child's photographs to be taken and published in any material to promote or support Southwark Council's services and/or appear in Southwark Council's publicity. I understand that the photographs will not be passed onto another agency without my consent.

Signed: ..... Date: .....