

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

Child's (Children's) Name : \_\_\_\_\_

I (insert name of parents/guardians)

hereby give the John McGivney Children's Centre <u>School Authority (JMCCSA</u>) the right and permission to use my child's photographic image for the purpose of publication. I understand that I will receive no compensation should any photographs of my child be used.

I understand I may change or withdraw this release/consent at any time by contacting the John McGivney Children's Centre <u>School Authority</u> in writing to the above address.

Please check off your choice(s) below:

I authorize JMCCSA to use my child's (children's) photos for publications such as school newsletters, school annual reports, school bulletin boards/class CD's.

I do not authorize the JMCCSA to use my child's (children's) photo for any purpose

I have read and fully understand the above:

Parents or guardians signature:

Date :

Day/Month/Year

Please return this form by:

Day / Month / Year

This consent form is valid for the \_\_\_\_\_ School Year Only.