



**Photo Release/Consent Form  
(Specific Use)**

3945 Matchette Rd.  
Windsor, Ontario N9C 4C2  
T: 519.977.2200  
**Toll Free:** 1.800.976.JMCC  
F: 519.977.2201  
www.jmccentre.ca

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

Child's Name : \_\_\_\_\_

\_\_\_\_\_

I (insert name of parents/guardians) \_\_\_\_\_  
hereby give the John McGivney Children's Centre School Authority (JMCCSA) the right and  
permission to use my child's picture for the purpose stated below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check off your choice below:

I authorize JMCCSA to use my child's picture, as outlined above.

I do not authorize JMCCSA to use my child's picture.

I have read and fully understand the above:

Parents or guardians signature: \_\_\_\_\_

\_\_\_\_\_

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

*Day/Month/Year*

Please return this form by:

\_\_\_\_\_

*Day / Month / Year*

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