



Media Authorization Form

I/we _____ give consent to Five Counties Children's Centre to release digital images and/or recordings of me and/or my child.

Name of client/child

I give consent to Five Counties Children's Centre, through its officers and/or staff and/or agents, to use still, motion or video pictures and sound records of the said child for promotional and/or educational purposes

inside and/or **outside of the Centre.**

This may include newsletters, presentations, brochures, website, social media sites, and media stories (print, radio, television).

Further, I authorize the use of my name and my child's FIRST NAME with the digital image(s) and/or recording(s).

YOUR DECISION: It's your choice to take part. Your decision won't change the care you and your family receive at Five Counties Children's Centre.

Signature

Date

Relationship to client/child

Witnessed by

Date

PRIVACY: Five Counties Children's Centre takes steps to protect your privacy. We do our best to prevent content from being used by others, however this is not always possible. The Centre cannot be held responsible for final text and images used in external media.

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