**Primary Trauma Care Foundation (PTCF)  
Child photo / video consent form**

We would be grateful if you would fill in this form to give us permission to take photos of your child and use these in our printed and online publicity.

I give, Primary Trauma Care Foundation (PTCF) permission to take photographs and / or video of my child.

I grant, Primary Trauma Care Foundation (PTCF) full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve the charities’ aims. This might include (but is not limited to), the right to use them in their printed and online publicity, social media, press releases and funding applications.

|  |  |
| --- | --- |
| **Name of child** |  |
| **Name of parent/guardian** |  |
| **Signature of parent/guardian**  (please type name if completing electronically) |  |
| **Date** |  |

## FOR OFFICE USE ONLY

|  |  |
| --- | --- |
| **Photoshoot or videoshoot?** |  |
| **Shoot reference** |  |
| **Name of shoot or event** |  |
| **Date** |  |
| **Shoot location** |  |
| **Name of photographer/videographer** |  |
| **Identifying details** (description/clothes) of child in photo/video |  |