

Photography Permission Form



**Newham
Child and Adolescent
Mental Health Services**

This form gives consent for www.camhsnewham.co.uk to use pictures of the person named below for general publicity, including (but not limited to) websites, leaflets, posters, display materials, corporate plans and reports.

Please complete all the sections that apply to you (one form for each person).

The person in the photograph or someone acting on their behalf:

Full name

Date on which the photographs were taken

Location/event at which the photographs were taken

Contact telephone number

Email address

Signed

Date

Authorisation from carer or guardian (if child is under 16 years of age):

I understand that there will be no payments for my participation and I give permission for the photographs to be used in future Newham publications and publicity materials including publication on the internet over the next 4 years.

Signed

Date

If the signatory is not the person pictured please complete the following:

Full name (printed)

Relationship to the person pictured