



CONSENT FOR PHOTOGRAPHIC AND / OR AUDIO VISUAL USE FOR MEDIA PURPOSES

We are asking for your written permission to use photographic and / or audio visual material taken of your child and / or your family to share all or part of the information with a third party listed below.

By completing the section below and providing your signature, you are giving us permission to collect and / or share photographic and / or audio visual material of your personal information with a third party listed below.

I, _____, the parent / legal guardian of
(Parent / Guardian Name)

_____, D.O.B. _____,
(Child / Youth Name) (MM / DD / YYYY)

hereby consent to the collection and use of:

photos and / or videos of my child and / or myself / my family
for media purposes including, but not limited to, use on the Woodview Mental Health and Autism
Services' website; in newsletters, publications, display boards, banners;
on Facebook, Twitter, blog posts, fundraising event websites;
and / or other promotional material that may be viewed by the public for promotional purposes.

OR

I, _____, D.O.B. _____,
(Full Name of Child / Youth / Adult) (MM / DD / YYYY)

hereby consent to the collection and use of:

photos and / or videos of my child and / or myself / my family
for media purposes including, but not limited to, use on the Woodview Mental Health and Autism
Services' website; in newsletters, publications, display boards, banners;
on Facebook, Twitter, blog posts, fundraising event websites;
and / or other promotional material that may be viewed by the public for promotional purposes.

Conditions on Use

My permission may be withdrawn at any time. In providing this consent, I acknowledge and understand that any photos / videos posted on the agency website or social media accounts may be widely circulated and may be viewed by anyone with access to the internet. Should I revoke my consent, I acknowledge that although Woodview Mental Health and Autism Services will endeavour to remove any photos / videos, it may not be possible to remove all traces of personal information from the internet.

Signature: _____
(Child / Youth / Adult / Legal Guardian)

Date: _____

Signature: _____
(Parent / Legal Guardian)

Date: _____

Witness: _____

Date: _____

Verbal consent received from client/guardian indicated above.