

Parklands Community Preschool & Children's Centre Inc.

Child's Full Name	
Parent's Name	
Parent's Signature	
Date	

Please tick the relevant boxes

I consent to:

- ☐ my child being photographed by educators and staff members at the Service.
- ☐ my child being photographed by other individuals using the Service including school photographers, individuals undertaking research projects and students on practicum placements.
- ☐ the photographs taken by educators and staff members being used to support the curriculum.
- ☐ the photographs taken by educators and staff members being used to publicise the Service or to inform Service families about what is happening at the Service. This may include posting the photographs on our Service website or including them in Service brochures and media articles.
- ☐ the photographs taken by Researchers and students being used to support their research project or student placement. This may include publishing the photo in journal articles, reports or conference papers and assignments.
- ☐ the posting of photographs taken by educators and staff members on the Service's website

I understand I can withdraw my consent about the taking of photographs of my child at any time by advising the Nominated Supervisor in writing.