



PERMISSION FOR PHOTOGRAPHING / FILMING

CHART #: _____

CLIENT NAME: _____

BIRTH DATE: _____

I, _____, give consent to Campbell Children's School to provide photos of my child to Grandview Children's Centre and the Grandview Foundation, for possible use as stated below.

I further consent for Grandview Children's Centre and the Grandview Foundation to use these photos now or in the future for the purposes of: **media advertising, public displays, events, brochures or other publications, Grandview website and public presentations.**

- I authorize the use of my child's FIRST AND LAST NAME with the photo
- I authorize the use of my child's FIRST NAME only with the photo
- I authorize the use of my child's INITIALS only with the photo
- Do not use my child's name

Witness

Client / Parent / Legal Guardian

Date

Relationship to Client

Grandview Children's Centre 600 Townline Road South Oshawa, ON L1H 7K6
905.728.1673 1.800.304.6180

www.grandviewcc.ca