**York Down Syndrome Support Group**

**Parental Consent Form for Use of Images of Children**

I/we,…………………………………………………..the parent(s)/guardian(s) of:

(child’s full name)……………………………………………………………………..

(child’s full name)……………………………………………………………………..

(child’s full name)……………………………………………………………………..

hereby give **York Down Syndrome Support Group** permission to use

* any still and/or moving image being video footage,
* photographs and/or
* audio footage depicting my/our children named above,

Taken by you or on behalf of the **York Down Syndrome Support Group,** for any of the following uses:

* Publicly viewable pages of our website/social media
* “Members only” pages of on social media
* Promotional leaflets, flyers or posters
* Group produced “new parent” booklets or other publications

*(Please delete any of the above that are not applicable)*

The above consents will apply throughout the world and be for an indefinite

period / expire on (date).…………………………………….delete as appropriate

Signed………………………………………....Date…………………………………

Signed………………………………………....Date…………………………………

Address………………………………………………………………………………

………………………………………………………………………………………...

Postcode………………………………..