



Photo/Video Release Form

I/we give permission to Healthy Child Coalition – South East to use and reproduce photographs

or recordings of my/our child(ren)_____.

taken on _____ .
(date)

It is with my/our knowledge that my/our child(ren) may be in a photograph or recording and the photo and/or recording may be used in but not limited to displays, posters, pamphlets, newsletters and website of the Healthy Child Coalition – South East. I /we understand the photos are the property of Healthy Child Coalition – South East.

Name of parent:_____

Signature:_____