

MEDIA RELEASE AUTHORISATION FORM

(Please print, complete and email or hand to the Centre Manager if requested)

I grant FIRST FIVE EARLY LEARNING permission to post images and short videos of my child (upon parental approval) to our social media sites such as Facebook, Instagram and LinkedIn.

***I understand I will see images and content to be used for approval prior to release.*

Name of the First Five Early Learning Centre the child attends: _____

Parent/Guardian Name: _____

Child or Children’s full names: _____

Child’s Date of Birth: _____

Mobile Phone number: _____

Permission given: (Please circle) YES NO

Signed: _____

Date: _____

Where possible please have the child consent to their image being used:

Is the Child able to consent: (Please circle) YES NO

If yes was consent given: (Please circle) YES NO

