



PHOTO PERMISSION FORM

For persons under 18 years of age

STUDENT/CHILD: _____
FIRST NAME: _____
LAST NAME: _____
SCHOOL: _____

PARENT/GUARDIAN:

FIRST NAME: _____
LAST NAME: _____
ADDRESS: _____

PHONE: _____
EMAIL: _____

SCHOOL GROUP (TEACHER TO FILL IN):

FIRST NAME: _____
SURNAME: _____
SCHOOL: _____
YEAR GROUP: _____
PHONE: _____
EMAIL: _____

Please tick – PICA/artist/organisation* has permission to USE:

- Full name (first & surname)
- First name ONLY

I give permission for photographs and/or video footage taken of my child or student to be used for promotional purposes in association with PICA’s Spark_Lab Education Program. This may include brochures, flyers, PICA publications, reports, presentations, Education Notes and other resource materials as well as the PICA website and the websites of participating program artists/organisations*.

SIGNED: _____
DATE: _____

