



# RAISING MONEY FOR THE DEAF HEALTH CHARITY SIGNHEALTH

## PERMISSION TO USE PHOTOS OF YOUR PUPILS IN OUR PROMOTIONAL MATERIAL, ON OUR WEBSITES AND SOCIAL MEDIA

Please complete the form below to confirm, or otherwise, that you are happy for SignHealth to use your school's images and comments.

Your School Name:
Date photos taken:
<p>Please ✓ or delete as appropriate:</p> <p><input type="checkbox"/> I give my consent / do not give my consent for photos of my school's pupils/or images to be used by SignHealth in publicity material.</p> <p><input type="checkbox"/> I give my consent / do not give my consent for photos of my school's pupils/or images to be used by SignHealth in Social Media campaigns.</p> <p>Signed _____ Date _____</p> <p>Name (please print) _____</p> <p>Address: _____</p> <p>Contact telephone number _____</p> <p>Email _____</p> <p>Please tick here <input type="checkbox"/> if you would prefer not to be put on a mailing list to receive more information about SignHealth.</p>
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