



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: _____

Please tick or delete as appropriate:

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.

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.

Signed _____ Date _____

Name (please print) _____

Address _____

_____ Post Code _____

Contact Telephone Number _____

Email _____

Please tick here if you would prefer not to be put on a mailing list to receive more information about SignHealth.

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