



Association of
Tongue-tie Practitioners

**Association of Tongue-tie Practitioners
Parental Consent Form
for Use of Images of Children**

I/we,.....the parent(s)/guardian(s) of:

(child's full name).....

(child's full name).....

(child's full name).....

hereby give the Association of Tongue-tie Practitioners (ATP) permission to use any still and/or moving image being video footage, photographs and/or frames and/or audio footage depicting my/our children named above,

taken by (name of photographer)

on behalf of the Association of Tongue-tie Practitioners, on (date).....

at (place).....

You may use my child's image on the following Association of Tongue-tie Practitioners material

- | | |
|---|---------|
| 1) Website www.tongue-tie.org.uk | Yes/ No |
| 2) Leaflets/ Adverts/ Marketing | Yes/ No |
| 3) Training & educational packages | Yes/ No |

The above consents will apply throughout the world and be for an indefinite period

Signed.....Date.....

Signed.....Date.....

Address.....

.....

Postcode.....