

PHOTOGRAPHY/ VIDEO CONSENT

Educator name

1. I, the undersigned consent to Lake Macquarie City Council, and, or its representative, taking photographs or videos of myself and/or my child/children. I also give consent for any child/children who are under my guardianship to be photographed or videoed.
2. I understand Lake Macquarie City Council will use the above media in its publications, on its website and advertisements. I consent to the use of my photograph or video, or those of my child/children, or any child/children who are under my guardianship for these purposes.
3. I agree to make no claim against Lake Macquarie City Council in respect of, or arising out of the taking or use of the above media.
4. I understand and consent that photos or videos of my child may be displayed within the education and care service.
5. I consent to my child participating in a group photo or video, and understand this photo or video may be shared with other families.
6. I consent to the usage of photos or videos for purpose of observations and children's developmental records and programs.
7. I consent to my child/ren's image being used in any social media format.

Date:

Signature:

Name of signatory:

Name of child:

DOB:

Department/Organisation requesting photographs or videos:

LAKE MACQUARIE FAMILY DAY CARE

'The information is being collected in compliance with the principles of the Privacy and Person Information Protection Act 1998 and accordingly will only be used for the purpose for which it is being collected, in emergencies or as otherwise required or authorised by law'