







Video/Photo Consent Form

	<p>I give my permission for myself and/or my child to be videoed/ photographed.</p>
	<p>I understand that the video/photos may be used on Solent NHS Trust on social media platforms.</p>
	<p>I understand that the video/photos may be used on the Solent websites and used in publications including newspapers and information sheets.</p>
	<p>I understand that the video/photos may be used in case studies, teaching or referrals.</p>



Name:



Signature:



Date:



Contact number:



Email address: