



Video/Photo/Social Media Consent form

	I give my permission for myself and/or my child to be videoed/ photographed.
	I understand that the video/photos will be used on Solent NHS social media, including Facebook, Twitter, You Tube and Instagram.
	I understand that the video/photos maybe used on the Solent websites and used in publications including newspapers and information sheets.



Name:



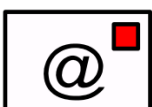
Signature:



Date:



Contact number:



Email address: