



Photo Consent Form

I consent for my son/daughter to have their photo/video taken within scouting meetings or activities which will be kept confidential within scouting and can be destroyed upon your request.

*(Delete as appropriate)*

I consent / I do not consent for my son/daughter to have their photo/video taken

Childs Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_