



**NORTH AYRSHIRE COUNCIL
GARNOCK COMMUNITY CAMPUS**

**PARENTAL PERMISSION FOR PUPILS TO BE PHOTOGRAPHED OR
VIDEO-RECORDED**

PUPIL'S NAME: _____

CLASS: _____

I agree to my child being photographed or video-recorded when taking part in school organised activities. I understand that such photographs and video recordings may be used for school publicity purposes displayed in the school, in local newspapers, in television reports, on websites, Social Media and the Scottish Schools' Intranet, Glow

Parent/Carer's signature: _____ **Date:** _____