OUT OF SCHOOL HOURS PROGRAM
PHOTOGRAPHIC PERMISSION FORM

I ..............................................................................................................................
(insert full name)

of ......................................................................................................................
(insert full address)

hereby authorise Patterson Lakes Primary OSHC to use photographs of my child/children,
for the sole purpose of producing educational/advertising/promotional material for Patterson
Lakes Primary OSHC.

I agree for my child’s photograph to appear in:

Please tick [ ] each appropriate box

☐ Patterson Lakes Primary OSHC Newsletters

☐ Patterson Lakes Primary School publications and brochures

☐ Local media

☐ Patterson Lakes Primary School website – OSHC section

Signature: .................................................................

Date: .....................

Joy Saunders
OSHC Representative

Privacy Statement
Please note no personal information and/or identification of any pupil other than their first name may be
contained in educational/advertising/promotional material or school website, whether in conjunction with a
published photograph or not. Please also note that websites can be viewed throughout the world and not just in
Australia where Australian law applies.