

Photographic Consent Form

This sheet must be completed if you intend to use any photographs of members of the public in material for Liverpool Primary Care Trust.

Venue: Date:

I hereby authorise that the photographs taken of: (✓tick box)

Myself **Child** **Relative**

Other (please specify)

may be used and retained by Liverpool Primary Care Trust for use in displays, corporate materials, press coverage, websites etc.

Signed: Date:

Name/s:

Address:

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All details are confidential.