



# Media Consent Form – Projects/Events (Under 16s)

---

**Please note, this consent form must be completed by a parent or guardian before photography or filming takes place, if applicable.**

Please read this consent form carefully and fill in the information to confirm you agree to the terms of the project on behalf of your child.

The Psoriasis Association recognises the need to ensure the welfare and safety of all children. In accordance with our child protection policy we will not permit photographs or videos of children and young people to be shared without the consent of their parent or guardian.

The Psoriasis Association will take all steps to ensure that the content (including but not limited to images, video, text) supplied is used solely for the purposes for which it was supplied. If you become aware that this content is being used inappropriately you should inform the Psoriasis Association immediately.

The details on this form will only be used to contact you about this content and this project.

**Project or Event Description:** *Sharing your psoriasis/psoriatic arthritis story*

I \_\_\_\_\_ (*name of parent or guardian*) consent to the Psoriasis Association using the content (including but not limited to images, video, text) supplied on behalf of \_\_\_\_\_ (*name of child*).

**I understand that this content may be used in Psoriasis Association publications, websites, social media, and branding or publicity materials.**

**I understand that the Psoriasis Association may edit any written materials provided. These edits will be minimal, but should any significant changes be made, I will be contacted prior to publication.**

**I understand that I can change my consent at any time by contacting the Psoriasis Association, but that action on this may not be immediate, and it may not be possible to completely withdraw content already published.**



Signature:

Date:

Address:

Postcode:

Telephone Number:

Email: