

FLOURISH FEDERATION

Photographs and Video Consent Withdrawal Form

I wish to withdraw all previous consent granted for any purpose of my / my child's photographs and video.

I understand that a new consent form must be completed in order to provide consent for any specific purpose or use of photographs and video.

I have read and understood the information above.

Pupil Name	
Name of parent/carer	
Signature of parent/carer/pupil*	
Date:	

*where the pupil can demonstrate and understanding of their data rights.