

FPCT Photo / Media Consent (Parent/Guardian)

I consent to FPCT capturing and using photos/audio/video of my child for ministry communications. Images will be used respectfully and safely. Consent may be withdrawn at any time by contacting FPCT.

Child's Name & Age

Parent/Guardian Name

Phone/Email

Any restrictions (e.g., do not show face / first name only):

Consent Options:

- ☐ I consent to photo and video use in FPCT publications, website, and social media.
- ☐ I prefer images without identifying my child by full name.
- ☐ Please do not use images that show my child's face.
- ☐ I withdraw consent for future use (existing images may remain where already published).

Parent/Guardian Signature _____

Date _____

Office Use:

Received by / Date

Notes: