

The Edith Borthwick School

Withdrawal of consent

You have the right to withdraw any previously given consent at any time. If you wish to do so, please complete the form and hand it to the school Reception. Please note that it can take up to 5 working days for the information to be amended on the school records.

Name of child:	Class:	
I wish to withdraw consent for the following:	Please tick:	
permission for my child's photograph/film to be used for educational	and	
assessment purposes within school and by directly related external		
health/education professionals.		
permission for my child's photograph/film to be used for educational	and	
assessment purposes, but not for wider publication (for example in a		
publication that might be shared with other schools and others involve health and education).	ed in	
permission for my child's photograph to appear in a newspaper repor	rt	
about an event at school.		
permission for my child's full name to appear in a newspaper report a	and	
school social media about an event at school and in the School Newsle	etter.	
permission for my child's photograph/film to appear on the school we	ebsite	
and the school newsletter and school social media.		
permission for my child's photograph/film to appear on DVDs distribu	ited	
to parents/carers.		
Other, please specify:		
This section <u>must</u> be completed for the request to be actioned		
This section <u>must</u> be completed for the request to be defined		
Name of person making the request:		
Relationship to child:		
Signed: Dated: _		
OFFICE USE ONLY – Please date and sign each item		
Request received by:		
Consent sheets updated by:		
Sims updated by:		