

1. What am I being asked to sign?

Thank you for supporting the work at CHI with locations in Crumlin, Temple Street and Tallaght and for supporting the work of our associated Children's Health Foundation (fundraising organisation). Communicating via the media with the children and families we look after, with the general public, our donors and supporters and our staff is an important part of our work.

This form is about getting your permission for us to use photographs and/or videos and/or audio recordings featuring you and/or your child (aged 0 – 16 years). In our visual communications, we prefer not to use stock images showing models and actors if we can avoid it. We like to show real images of our staff and the children who are patients of our hospitals but only with your permission.

To do this, we rely on consent from parents and guardians of the children that we look after, to use the photos/ videos/ audio recordings in which they or their children feature. We take this responsibility very seriously.

Some typical examples of what we might use photos/videos/audio recordings for are;



CHI, Hospital and Foundation websites



CHI, Hospital and Foundation social media channels



CHI, Hospital and Foundation publications (e.g. Annual Reports, leaflets and brochures)



CHI, Hospital and Foundation advertising campaigns



Print (e.g. newspapers and magazines) and broadcast media and associated websites

2. Some brief information on your child

Child's Name (First name & surname):

- Male
 Female

Address:

Clothes worn on day of photography/ filming or other identifying characteristics:

Date of Birth:

 Day Month Year

Parent's or Guardian's Name (First name & surname):

Phone Number:

Location:

Email:

Group/Hospital/Foundation:

- CHI Corporate CHI at Tallaght
 CHI at Crumlin Children's Health Foundation
 CHI at Temple Street

Project Title (Campaign/ Initiative/ Event):

Hospital Medical Record Number:

3. Your permission

I hereby confirm that I am the parent/ legal guardian of the above named child. I have read this form and understand that I am providing my consent for myself and/ or the above named child to be photographed and/or filmed and/ or audio recorded in an appropriate and sensitive manner.

I understand that this photograph/ video/ audio recording can be used for a period of up to two years

I understand that I can make a request via the Communications Offices in CHI at Crumlin or Temple Street or Tallaght or via the Children's Health Foundation (as appropriate) to review my decision during the two year period

The purpose that myself and/or my child has been photographed and/ or video recorded and/ or audio recorded for, has been fully explained to me and I hereby grant permission for use of this photography and/or video and/or audio material for this purpose

I also confirm that in proposed communication, I consent to;

Use of my child's first name only Use of my child's first name and surname Please do not use either name

Parent's or Guardian's Signature:

CHI/ Hospital / Foundation use (Parents/ Guardians do not need to complete this section)

Copy of form given to Parent/ Guardian

Staff member's signature:

Consent explained to parent/ legal guardian and obtained by staff member

CHI/ Hospital/ Foundation:

Title:

Date:

Staff member title

Day

Month

Year