

SOCIAL MEDIA CONSENT/ RELEASE FORM

For news media, Promotional Materials, Written articles, Research and/or Photographs

Child details					
Title (Mr/Miss/etc)		Given Name		Family Name	
Date of Birth		Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Home Address		Suburb		Postcode	

I, _____ hereby authorise Iconic Care Pty Ltd to take and use photo/videos of my child _____ and/or information related to our experiences with Iconic Care. I understand this information may be used in publications including electronic publications, audio-visual presentations, promotional literature, advertising, community presentations, letters to area medical representatives and media and/or other similar ways.

Iconic Care Pty Ltd will disclose to me or my legal representative, where appropriate the specific information and/or photos to be used prior to release in the social media. My consent is freely given as a public service to Iconic Care Pty Ltd, without expecting any payment.

I, _____ release Iconic Care Pty Ltd and their respective employees, officers, and agents from any and all liability which may arise from the use of such news media stories, promotional materials, written articles, videotape and/or photographs.

I Prefer that:

- ☐ My child's full name be used
- ☐ My child's first name only be used
- ☐ None of my child's name/s be used

I, _____ understand that I can revoke this consent/release any time in writing and that the use of any of my photos or other information authorized by this consent will immediately cease.

Signature: _____ Date: _____

Parent/Guardian Details			
Full Name		Date of Birth	
Home Address		Suburb	Postcode
Email address		Contact number	
Signature of Parent/Guardian		Relationship to Participant	

Emergency Contact Details			
Full Name		Relation	
Email Address		Phone Number	
Home Address		Suburb	Postcode

Please hand this form completed to staff or email at info@iconiccaregroup.com.au



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