

Emerging Minds

National Workforce Centre
for Child Mental Health

Under 18 Consent Form (child to sign)

I, _____
First Name Last Name

Preferred name (this could be not your real name):

Give permission to being (please tick all that apply):

- photographed
- audio recorded
- filmed on video
- to have my artwork published
- to attend an event: _____

Note any additional special conditions: _____

Signed: _____ Print name: _____ Date: _____

Witness signature: _____ Witness name: _____

Emergency contacts (if attending without parent or guardian)

1. Name: _____

Contact number: _____

2. Name: _____

Contact number: _____

Support worker contact (if applicable)

Name: _____

Organisation: _____

Contact number: _____

Office Use Only

Video and audio Audio only

Still photography Artwork

Date of recording/event: _____

Location: _____

Production staff names: _____

