

# BLOFIELD PRIMARY SCHOOL

## Photographs and Video

### Consent Withdrawal Form

I wish to withdraw all previous consent granted for any purpose of my / my child's photographs and video.

I understand that a new consent form must be completed in order to provide consent for any specific purpose or use of photographs and video.

**I have read and understood the information above.**

Pupil Name	
Name of parent/carer	
Signature of parent/carer/pupil*	
Date:	

\*where the pupil can demonstrate and understanding of their data rights.