

DATE _____

Appearance Release Form

This form is a record of your permission for photographs and/or video footage of you and/or your child to be used by Starship Child Health and the Paediatric Society of New Zealand (PSNZ).

I understand the use of photographs and/or videos of myself and/or my child are for the purpose of publishing promotional and education information about child and youth health.

This includes use on websites (such as but not limited to www.kidshealth.org.nz¹) and social media platforms.

I give Starship Child Health and PSNZ all rights to use these photographs and videos for as long as they wish. You can request that we stop using these at any stage through the feedback form at www.kidshealth.org.nz or by contacting PSNZ at PO Box 24136, Royal Oak, Auckland 1345, or admin@paediatrics.org.nz.

.....(full name)

.....(child's name)

Signed:

Date:

Address:

Telephone number:

Email address _____

1. The KidsHealth website is a joint initiative between The Paediatric Society of New Zealand and Starship Foundation. KidsHealth provides accurate and reliable information for New Zealand parents and whānau about the health and wellbeing of tamariki and rangatahi in Aotearoa New Zealand.