

# Pathway Church

## Child Photo Release Form

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ (child), grant Pathway Church my permission to use photographs of my child on the Pathway Facebook or Instagram Groups, on advertising flyers, or our Pathway Church webpage for purpose of communication, advertising, and community building both in the Pathway youth programs and Pathway Church Community.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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No, I would prefer Pathway church did not use my child's photograph even on the private Pathway Church Facebook or Instagram group pages.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Allergies

Please list any allergies your child may have and alert the appropriate volunteer Youth Leaders of these allergies so they can be aware of this during any snack times throughout the year.

Child: \_\_\_\_\_

Allergies: \_\_\_\_\_

Child: \_\_\_\_\_

Allergies: \_\_\_\_\_

Child: \_\_\_\_\_

Allergies: \_\_\_\_\_

Child: \_\_\_\_\_

Allergies: \_\_\_\_\_

Child: \_\_\_\_\_

Allergies: \_\_\_\_\_