



STEPHANIE ALEXANDER KITCHEN GARDEN

MEDIA PERMISSION FORM

I hereby give written permission for my child to be interviewed, filmed and/or photographed by the media and/or Stephanie Alexander Kitchen Garden Foundation staff and/or their authorised representatives. I understand that these photographs or footage may be used by the media and/or may be used at a later date in promotions for the Stephanie Alexander Kitchen Garden Foundation and/or their authorised representatives.

Student details

First name: Last name: Class:

Parent/guardian details

First name: Last name:

Address:
.....
.....

Contact No:

Print name: Sign: Date:/...../.....