



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

Student name: Class:

Parent / Guardian Details

Name:

Address:

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Contact No:

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