



**Online Artwork Gallery Permission Form**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Name as you would like it to appear on website beside the artwork

\_\_\_\_\_

PLEASE DO NOT PUT MY CHILD'S NAME ON THE ARTWORK



Name of the book that inspired your artwork

\_\_\_\_\_

\_\_\_\_\_

Author \_\_\_\_\_

I give permission for my child's artwork to be displayed on our website for the online Chippenham Pediatric and Adolescent Medicine Art Gallery.

Parent/ Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

