Photo Consent Form



Event: Ipswich and Brisbane West Youth Parliament, Parliament House (Brisbane)			
Event date: 24 October 2025			
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of	Adult/g	uardian name	
	,	Address	
For parents/legal guardians of children if applicable			
declare that I am the parent/legal guardian of the following child			
	Child's name		Child's s chool
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Insert name			
	Signature	Insert date	Talify. president
Contact Officer: Leader Section: Education and Liaison			

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07 3553 6416

Phone:

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