



INFORMED CONSENT – STUDENTS

Parent/Guardian Consent for Students Under the Age of 18 Years

Please complete and return this form to the school as soon as possible. This information will be kept on file for reference throughout the school year.

Student Name (print) _____ Date of Birth _____

School _____ Grade _____

Parent/Guardian Name (print) _____

1. Publish or Display Student Work

_____ I CONSENT to Frontier School Division publishing or showing my child’s photograph, name, grade, school and samples of my child’s work in various publications or at Division organized or sponsored events. I understand that photographs of students posted to the school or Frontier School Division website will not identify students by name.

_____ I DO NOT CONSENT to Frontier School Division publishing or showing my child’s photograph, name, grade, school and samples of my child’s work in various publications or at Division organized or sponsored events.

2. Media

_____ I CONSENT to my child being photographed, videotaped or interviewed by the media.

_____ I DO NOT CONSENT to my child being photographed, videotaped or interviewed by the media.

Parent/Guardian Signature _____ Date _____

Please note:

1. Should circumstances change during the school year, you may change your consent at any time by contacting the school Principal in writing.
2. This personal information is being collected under the authority of *The Public Schools Act* for school related purposes. It is protected by the *Freedom of Information and Protection of Privacy Act*.

Adopted September 1, 2009		
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