



# Media Consent Form

School District No 27 Cariboo - Chilcotin

350 North Second Avenue  
Williams Lake, BC V2G 1Z9

Phone: (250) 398-3800  
Fax: (250) 392-3600

## Notice to Parents and Students Outside Media in Schools and Personal Information Consent School Year 2019 - 2020

*Please complete, sign, and return to your school.*

Student's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
*(please print)* *(please print)*

School: \_\_\_\_\_

The purpose of this document is to make you aware of the following:

1. Media (including radio, television, newspapers, and other print and online media) are sometimes permitted or invited to come to school activities and allowed to take photos, video, or conduct interviews with students for the purpose of promoting the public understanding of school programs.
2. School and district staff cannot control news media access, photos, or videos taken by the media or others in public locations (such as on field trips or off school grounds) or for school events open to the public such as sporting events, student performances, school board meetings, etc.
3. Schools and Districts are authorized to collect, use, and share student personal information that is directly related to and necessary for their educational functions.
4. The Board of Education of School District No. 27 is seeking your consent to collect, keep, use and share photographs, videos, images, and/or names of students in a variety of publications (school newsletters etc.) and on the school or District's website for education related purposes (such as recognizing and encouraging student achievement, building the school community, and informing others about the school and District programs and activities).

Parents and Students, please complete the four areas below and return to your school.

### Please check A OR B (not both)

- A.  I DO **CONSENT** to the use and disclosure of my child's name and/or image by outside media (newspaper, radio, television etc.) for this school year (for example, a Newspaper Reporter Taking Pictures at an Assembly).
- B.  I DO **NOT CONSENT** to my child's image or name being published by outside media (newspaper, radio, television etc.). I **REQUEST** that the school district and its staff take all reasonable steps to avoid having my child's image or name collected or published by outside media when they are present in school or at school activities at the invitation of the school or school district. I **MAY** choose to override this Notice by giving my consent in a specific circumstance. Unless withdrawn, this consent is effective immediately and lasts until September 30 of the next school year.



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## Please check A OR B (not both)

- A. \_\_\_\_\_ I DO **CONSENT** for the school or District to collect, use, and share my child's name and/or image for purposes of School and District Communications such as school newsletters, websites, videos etc. (for example, your child's picture on the SD27 Website). I understand that images and information posted on the internet may be stored and accessed outside of Canada. This consent may be withdrawn at any time in writing, but withdrawal of consent does not require the school or District to take any steps to withdraw from publication any previously published material. Unless withdrawn, this consent is effective immediately and lasts until September 30 of the next school year.
- B. \_\_\_\_\_ I DO **NOT CONSENT** to the use and disclosure of my child's name and/or image for the above purposes for this school year.

## For Parents/Guardians:

Date: \_\_\_\_\_

Parent's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
*(please print)* *(please print)*

Parents, please check mark the following:

- I acknowledge receiving this notice.
- I have completed the above two sections.

Parent/Guardian\* Signature: \_\_\_\_\_

**Parents/Guardians, if you have questions about this form, please contact your child's school.**

*\*For parents who have court orders describing their parental rights, this form should be signed by a parent who has the right to exercise the student's privacy protection rights.*

## For Students:

Students, please check mark the following:

- I acknowledge receiving this notice.
- I am aware of my parent's wishes as expressed above.

Student\*\* Signature: \_\_\_\_\_

*\*\* Student signature required only if they are aware and capable of protecting themselves and in Grades 4 to 12.*