

MEDIA CONSENT FORM

SCHOOL: _____

SCHOOL YEAR: 2008-2009

To: Parent(s)/Guardian(s)/Adult Student:

On _____, representatives from _____ may be in attendance at our school
(Date) (Name of Media Organization)

to film/photograph/videotape or make an audio or digital recording of our students. The purpose, use and disclosure of this collection of personal information is to: *(be as specific as possible)*

Please be advised that all or portions of the work referred to above will become part of the media organization's database and may be adapted for other educational or non-educational applications, productions, broadcast, re-broadcast, published, exhibited, reproduced, and/or distributed in various media formats to a number of markets.

Schools cooperate with the media and other organizations, within reason, to encourage celebration of school achievements and the sharing of information about students and student work. However, we recognize that there are instances where a parent/guardian/yourself may not wish their child/children/themselves recorded.

To: The Dufferin-Peel Catholic District School Board

I HAVE READ AND UNDERSTAND THE INFORMATION PROVIDED ON THIS FORM. I VOLUNTARILY GIVE THE DUFFERIN-PEEL CATHOLIC DISTRICT SCHOOL BOARD CONSENT TO INCLUDE MY CHILD OR ME IN THE MEDIA COVERAGE AND ITS SUBSEQUENT USE DISCLOSURE AS DESCRIBED ABOVE.

I further understand that this consent is valid for the current school year and may be withdrawn by me at any time, upon written notice.

This Consent form meets the requirements of the *Municipal Freedom of Information and Protection of Privacy Act* and the *Education Act* for the disclosure of personal information.

Name of Student (Please Print)

School

Name of Parent/Guardian

Signature of Parent/Guardian

Name of Adult Student (18 Yrs and Older)

Signature of Adult Student (18 Yrs and Older)

Date