



2014 – 2015  
School District No. 42 | Maple Ridge – Pitt Meadows  
*Outside Media in Schools Notice - Secondary*

## I CONSENT

During the school year, outside media (radio, television, newspapers, etc.) are sometimes invited or permitted to come to the school to conduct interviews and/or to take photos or videos of school events. The purpose of these visits is typically to recognize, promote and encourage student achievement.

If you **DO NOT** want your child's image and name being published by outside media, **please fill in the form on the back** and the school district will take all reasonable steps to comply with your request. In addition to alerting the school, please also inform your child's teacher and talk with your child about your wishes.

*Please note that school staff cannot control news access in public locations (e.g. field trips or off school grounds) or at school events open to the public (e.g. sports events, student performances, school board meetings).*

**YES.** I GIVE MY CONSENT for the use and disclosure of my child's name and/or image for the above purposes for this school year.

**If you DO NOT wish to give your consent, please fill in the form on the back of this page.**

I acknowledge receipt of this Notice. If I have questions I will contact the school:

**PARENT/GUARDIAN SIGNATURE\* (required):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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

**STUDENT NAME:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_

*(please print)*

**SCHOOL:** \_\_\_\_\_

**PARENT/GUARDIAN NAME:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_

*(please print)*

### For Students:

I acknowledge that I am primarily responsible for protection of my own personal privacy while at school and at school activities, and will take appropriate steps to do so.

**STUDENT SIGNATURE (required):** \_\_\_\_\_

If you have questions about this consent or about the collection of student personal information, please visit the District website at <http://www.sd42.ca/personal-information-consent> or contact your child's school.

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## **I DO NOT CONSENT**

Complete this page only if you **DO NOT WANT** your child's image or name published by outside media at school events.

*Please note that school staff cannot control news access in public locations (e.g. field trips or off school grounds) or at school events open to the public (e.g. sports events, student performances, school board meetings).*

**NO.** I DO NOT want my child's image or name being published by outside media. I have informed my child's teacher of my wishes and 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. I may choose to override this *Notice* by giving my consent in a specific circumstance.

**PARENT/GUARDIAN SIGNATURE\* (required):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*\*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.*

**STUDENT NAME:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
(please print)

**SCHOOL:** \_\_\_\_\_

**PARENT/GUARDIAN NAME:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
(please print)

**For Students:**

I am aware of my parent's wishes as expressed above. I understand that I am primarily responsible for the protection of my own privacy at school and at school activities and will take appropriate steps to do so.

**STUDENT SIGNATURE (required):** \_\_\_\_\_

If you have questions about this consent or about the collection of student personal information, please visit the District website at <http://www.sd42.ca/personal-information-consent> or contact your child's school.