



MEDICINE HAT SCHOOL DISTRICT No. 76

601 - 1 Ave., S.W.
Medicine Hat, Alberta, T1A 4Y7

FOIP RELEASE FORM - Special Event

FOIP Legislation:

As a result of changes in copyright and various other legislations, including the Freedom Of Information And Protection Of Privacy Act (FOIP) schools are required to get written permission from parents before any of the children's work, photographic images or other personal information can be displayed outside of school.

Event:

Blank lines for event description

(EXAMPLE - "The media will be at the school on Thursday, January 3rd, 20xx to interview, photograph and possible video record children. Your child may be one of those interviewed, photographed or video recorded.")

Permission Granted:

I hereby grant permission to Medicine Hat School District No. 76 on behalf of my child, _____ to the following:

(child's name)

- To take part in the "event" identified above.
To Record, photograph and record (audio, video, still) my child at "the event".
To Display images from "the event" of my child or child's work on the School Website.
To Publicly display any of my child's works, and
To Reproduce any of my child's work
To _____

for non profit, educational purposes.

I understand the production(s)/work(s) may be shown at educational displays during open house, inservice sessions and other school related activities at school or school board sites or at school or school board sponsored displays in the community, the internet, or included in educational or promotional materials.

In the event that, you wish to revoke or change your consent, please advise your child's principal in writing. In the event that you do not provide consent, the district reserves the right to exclude your child from any activity that includes the collection, use, and/or disclosure of personal information.

If you have any questions or concerns regarding the collection, use, and/or disclosure of your child's personal information please contact the school.

I (parent/guardian) hereby consent to the collection, use, and disclosure of ALL personal information listed and similar collection, use, and disclosure of personal information described in the School Activities Consent List.

Signature lines for Student: FULL NAME OF STUDENT, STUDENT SIGNATURE (IF 13 OR OLDER), DATE

Signature lines for Guardian: RELATIONSHIP OF GUARDIAN (E.G. FATHER, MOTHER, GUARDIAN), PARENT/GUARDIAN SIGNATURE, DATE