



MEDICINE HAT PUBLIC SCHOOL DIVISION

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

FOIP Release Form - Student

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 or photographic images can be displayed outside of school.

I hereby grant permission to Medicine Hat Public School Division on behalf of my child,
_____to

- record, photograph and tape (audio, video, still) my child
- display image of my child or child’s work on the School Website
- publicly display any of my child’s works, and
- reproduce any of my child’s work

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.

This consent is valid for the school year. In the event that, during the school year, 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.

FULL NAME OF STUDENT

PARENT/GUARDIAN SIGNATURE

RELATIONSHIP

DATE