



Simcoe Muskoka Catholic District School Board
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CONSENT FORM

FOR USING STUDENT'S PERSONAL INFORMATION

STUDENT NAME: _____

SCHOOL NAME: _____

Our students' safety and well being is a key priority for us and we all have a role to play to safeguard children's privacy and identity. By working together, we can create awareness and use digital technologies wisely and safely. That is why we have created this consent form for parents and students.

By signing this document, I/we consent to the disclosure of personal information about the above mentioned student by publishing and/or displaying in various board/school publications and on the school/board website for the purpose of promoting Catholic education and the Simcoe Muskoka Catholic District School Board. This consent only applies to the types below that I/we have initialled:

- _____ Photograph of above mentioned student
- _____ Group and class photographs including above mention student
- _____ Essays written by above mentioned student
- _____ Projects done by above mentioned student
- _____ Awards, scholarships, prizes received by above mentioned student
- _____ Participation of above mentioned student in any extracurricular activities
- _____ Participation in a photo for the media promoting Catholic education or a school event
- _____ Participation in any filming by the media
- _____ Participation in filming for a school/board DVD
- _____ Other specific items/activities identified by the school or Board –
- _____ Please specify

I/we are aware that by giving consent, I/we are permitting personal information/identity about the above mentioned student to be published in board publications or posted to the school/board website, which can be viewed by anyone who accesses the school/board website, and that if consent were withheld, this publication/posting would not occur. I/we are also aware that by giving consent for media events or filming that I/we are

permitting personal information/identity of the student to be published in the media or in promotional materials.

I/we further understand that this consent is valid for one year and may be withdrawn by me/us at any time, upon written notice. In the event that consent is withdrawn, I/we understand that the information about the above mentioned student will be removed from the website.

We also recognize that parents or other family members wish to take photos of their child(ren) at school events and we support this practice. However, it is important to be aware that any pictures taken at school that include other students and staff cannot be shared in public (e.g., media) or posted on the Internet, including any social media (such as Facebook, Flickr, etc.) without the express written consent of the other students' parents or the staff member in the photo. Similarly, other students' and staff names cannot be shared publicly without prior consent.

I/we have given this consent voluntarily.

Signed at _____ on _____ .
(Place of Signature) (Date)

a) For students under 16 years of age: signature of parent (or legal guardian)

Signature of Parent or Legal Guardian* Witness

b) For students aged 16 or 17 during the school year: signature of both student and parent (or legal guardian)

Signature of Student Witness

Signature of Parent or Legal Guardian* Witness

c) For students 18 years of age or over: signature of student

Signature of Student Witness

*Note: Only persons having lawful custody of students may sign this consent form as parent or legal guardian. If both parents have lawful custody, one or both may sign. All references to parents on this form apply equally to guardians.