

Student Information

Last Name

First Name (usual)

Middle Name

Consent

1. As the parent/legal guardian of this student, I freely and voluntarily consent to allowing my child's photo images, audio recording, video recordings, and academic work to be published, aired or displayed, waiving any rights to any monetary claims deriving therewith.
 Yes No
2. As the parent/legal guardian of this student, I hereby request and authorize the Western Quebec School Board to release and exchange personal information necessary to ensure collaboration with the Centre Intégré de santé et de Service Sociaux and access to school-based health services.
 Yes No
3. As the parent/legal guardian of this student, I grant permission for my child to access networked computer services such as Internet and email. I agree to comply with the Western Quebec School Board's Appropriate Use of Information and Communication Technology Resource Policy and I understand that I may be held responsible for any violation thereof by my child. I understand that some materials on the Internet may be objectionable; therefore I agree to accept responsibility for guiding my child and conveying to him/her appropriate standards for selecting, exploring and/or sharing information and media.
 Yes No

Parent/Guardian's Name (please print)

Signature

Date