



Student/Child Consent Form

Photo/Video/Artwork for Public Viewing

The First Nations Education Steering Committee (FNESC), the First Nations Schools Association (FNSA) and the Indigenous Adult and Higher Learning Association (IAHLA) appreciate having photos, videos, and artwork to use in our publications and presentations and to share with our education partners.

These images and recordings are an important part of our efforts to spread information about First Nations schools, Aboriginal-controlled institutions, and First Nations education more broadly.

FNESC/FNSA/IAHLA is seeking your consent to collect, use and share photographs, videos, images (artwork) and/or names of students for purposes including:

- As part of FNESC/FNSA/IAHLA publications, communications and promotional materials such as publicly available newsletters, brochures, posters, presentations or annual reports;
- On FNESC/FNSA/IAHLA websites and/or social media accounts;
- As part of parent, student or teacher resources.

Right to Withdraw Consent

Parental/student consent is valid until revoked. The parent/guardian/student may revoke consent at any time by contacting FNESC's Privacy Officer at Privacy@fnesc.ca.

Privacy

FNESC/FNSA/IAHLA are subject to the BC Personal Information Protection Act (PIPA) and takes seriously their obligation to protect the privacy of you and your child.

Collection, Use, Disclosure of Names, Images and/or Recordings

By signing this form, you are granting consent for FNESC/FNSA/IAHLA to collect, use and disclose the name and/or recorded images of your child, for purposes consistent with those described above.

Student Name (*please print*): _____

Parent/Guardian Name (*please print*): _____

Initial below indicating if you do or do not grant consent.

_____ I give consent for FNESC/FNSA/IAHLA to collect, use, and share my child's name and/or recorded image for purposes consistent with those described above.

_____ I **DO NOT** give consent for FNESC/FNSA/IAHLA to collect, use, and share my child's name and/or recorded image for purposes consistent with those described above.

Parent/Guardian Signature: _____

Date: _____

For Children Aged 13 Years and Older

I am aware of my parent/guardian's wishes as expressed above and consent to the collection/use/disclosure of my information as described by this document.

Student Signature: _____

Date: _____