

Consent Form

Student Last Name	Student First name	School	Grade




Parent Support/Consent

I support the involvement in the SIEC Health Link event.

Mother/Guardian Signature

Father/Guardian Signature

Please check either "yes" or "no" in the applicable boxes below. "Yes" means the following information about your child can be shared. "No" means information cannot be shared.

Description	Visual Image
 <p>Media Participation Photographs, interviews and video taken on school property and at SIEC events for television, radio, newspapers, as well as websites and social media accounts operated by media outlets. Media coverage may include your child's name and/or school name.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
 <p>SIEC Publications (Use of Photos and Video) Informational items (eg: brochures, Report to the Partner Groups) and promotional materials that are shared with the general public and can be posted on our websites and social media accounts.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
 <p>SIEC Websites (Use of Photos and Video) Saskatoon Industry Education Council operates websites that promote the activities of our organization. Anyone with the Internet is able to access these pages from anywhere in the world.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please Note: Photos of large groups, or action photos where individuals cannot be readily identified, may be posted without permission.

Parent/Guardian Consent(If applicable)

Parent/Guardian Signature	Date (MM/DD/YY)
Parent/Guardian Printed Name	