



**BOARD OF EDUCATION
SCHOOL DISTRICT NO. 67 (OKANAGAN SKAHA)**

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**INFORMED CONSENT FORM
FOR
VIDEOTAPING AND PHOTOGRAPHING STUDENTS**

In order to provide the best possible program for your child, the staff working with her/him would like to use videotaping and/or photographing as part of her/his instructional program.

The use of videotaping and/or photographing as part of the program for my child:

_____, birthdate _____, has
DD/MM/YYYY

been explained to me. I give my consent for this component of _____'s
(child's name)

educational program.

Signed:

Parent/Legal Guardian

Date: _____

Print Name

Witness

Date: _____