



POMONAL

PRIMARY SCHOOL

Consent Form

Name of Student: _____

I, _____ the parent/carer of this student, consent to my child attending [INSERT name of event] on [INSERT date] and being filmed and/or photographed and/or audio recorded by [insert details of organisation/s] during the event.

I acknowledge that this means:

- a) participating organisations may ask my child questions and my child's responses may be recorded;
- b) any photographs, video or audio recording (**recording**) of my child will be owned by the participating organisations that captures each recording; and
- c) this means that participating organisations may then broadcast, publish, distribute, or reproduce the recordings as they choose to without notifying or remunerating me or my child.

I understand that I can only withdraw my consent for my child to participate before the event occurs and I must contact 5356 6292/ or alternatively email pomonal.ps@edumail.vic.gov.au to do so.

Date: / /

Signature: _____

Name of parent/carer: _____

Contact number: _____