

Living Sky School Division No. 202

Administrative Procedure (AP) Form



Form Name: Informed Consent Form – Students

Procedure Type:	School Operations
Attached to Procedure:	4.40
Last Reviewed:	AUG 31, 2025

Please complete and return this form to the school as soon as possible. This information will be kept on file for reference. This personal information is being collected under the authority of *The Education Act* for school related purposes. It is protected by *The Freedom of Information and Protection of Privacy Act*. This form will be collected at the time of enrollment and kept on file for the duration of the students' time at the specific school or until an updated form is submitted. A new form will need to be submitted if a student changes schools.

STUDENT NAME (Print):			
DATE OF BIRTH (YYYY/MM/DD):			
SCHOOL:		GRADE:	
PARENT/GUARDIAN NAME (Print):			

1. Permission for Living Sky School Division Use

I AGREE AND GIVE PERMISSION for Living Sky School Division (LSKYSD) to photograph or record (including audio and video) my child's image/likeness, name (first/last), student work or performance for division use. LSKYSD may display, publish or distribute these works in LSKYSD promotions and publications. This may include posting on the LSKYSD division or school websites, social media platforms, broadcasting on radio, printed in school newsletters, as determined by LSKYSD. *Please note it is common practice, but not mandatory, to only use a child's first name in online publications published by the division or school.*

☐

I GIVE PERMISSION for my child's image/likeness, name (first/last), student work, or performance to be used for division use as described above.

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I DO NOT GIVE PERMISSION for my child's image/likeness, name, student work, or performance to be used for division use as described above.

2. Permission for Living Sky School Division Yearbook Use Only

I AGREE AND GIVE PERMISSION for my child's image/likeness, name (first/last) and student work to be used in the publication of a school yearbook. Student images may include individual composite photos as well as group pictures of school events or activities (including, but not limited to, sports teams, concerts, field trips, spirit days, etc.). Yearbooks will be distributed to students within the school community. *Please note, many schools use online platforms to design and assemble yearbooks.*

☐

I GIVE PERMISSION for my child's image/likeness, name (first/last), and student work to be used for division use as described above.

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☐	I DO NOT GIVE PERMISSION for my child's image/likeness, name (first/last) and student work to be used for division use as described above.
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3. Permission for External Media Coverage	
I UNDERSTAND that external media organizations may attend school events, and as a result, my child's name (first/last), image/likeness, student work, and/or interview may be photographed and/or recorded (including audio and video) for the purpose of being published and/or broadcast online (including social media), on television or radio.	
☐	I GIVE PERMISSION for my child's image/likeness, name (first/last), student work, or performance to be used for external media coverage as described above.
☐	I DO NOT GIVE PERMISSION for my child's image/likeness, name, student work, or performance to be used for external media coverage as described above
4. Acknowledgement of Public Events	
BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE that allowing my child to attend or participate in an event where the general public are also invited to attend implies consent for my child to potentially be seen, photographed, and recorded at the public event. Public events include, but are not limited to, sports games, arts performances, family nights, graduation ceremonies, attending special guest speakers, and field trips to public events. When LSKYSD chooses to live-stream or record an event for public broadcast, the event is public. LSKYSD will make every effort to inform ahead of time that the event is public.	

I have read this *Informed Consent Form – Student*, and I fully understand the contents and meaning of this release. I understand that I am free to contact the school principal or division office with any questions regarding this release and that consent can be withdrawn at any time by contacting the school principal in writing.

DATE (YYYY/MM/DD):	
NAME OF PARENT/GUARDIAN SIGNING (Please Print):	
SIGNATURE OF PARENT/GUARDIAN:	
SIGNATURE OF STUDENT (If 18 years of age or older):	