

Media Release Consent Form

Maquinna Elementary School 3881 Bruce Street Port Alberni, BC V9Y 1J6 Telephone: 250.724.0512 Fax: 250.724.0513

To comply with the provisions of the Freedom of Information/Protection of Privacy Act, schools must have parental/guardian consent before using a child's name, photograph, in any:

any:			
		Initials	
Maquinna Website			
Local newspaper articles			
Newsletters and in-school displays			
Slideshows shown to Maquinna Community			
The intent of this requirement is whereabouts/identity of the parallel Please complete this form and recompleted form for each child, expenses the complete of the parallel properties	rents, guardians, may not veturn it to the school as so	wish known. on as possible. We mı	ıst have a
I	hereby giv		
Parent's/Guardian's Name School Name			!
my permission to use the initial	ed above items for the pur	poses stated above.	
Student's Name:			
Parent/Guardian's signature			
Date:			
Comments/Special Requests/N	Notes		