

**Dryden Office**

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Dryden, Ontario P8N 2Z6  
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**Kenora Office**

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**Consent to Release Personal Information**

**Parents/guardians:**

There are many times throughout the school year the Keewatin-Patricia District School Board would like to celebrate our student’s participation and achievement in a variety of publications. We ask that you read the form below and sign at the bottom if you give the Keewatin-Patricia District School Board permission for the following:

- Have your child's schoolwork, achievements, or participation in school-related activities printed in a school or board publication, including **yearbooks** (printed publications may be posted electronically on school or board websites). Your child's name and/or school may be used.
- Use photos of your child in a school or board publication, including **yearbooks**, or post your child’s photo on a school or board website. Your child's name and/or school may be used.
- Have your child videotaped by a KPDSB employee only as part of a learning program. These videotapes could be used throughout the board area and may be posted on the school or board website. Your child's name and/or school may be used.
- Have your child videotaped, photographed and/or interviewed for media stories throughout the school year. The images and/or audio may be used in local, national or international news stories about school programs, initiatives, awards and/or events. Your child's name and/or school may be used.

This consent will be effective as long as the student is registered in the secondary school, or until the students reaches the age of 18 and wishes to complete another form. Consent may be revoked at any time, upon written notice.

We ask that you complete one form for each child in your family if you give your consent for the above.

Please return the permission form to your school secretary or your child’s teacher. If you have any questions or concerns, please contact the school.

***AUTHORIZATION AND RELEASE***

I have read and understood the above and hereby consent to the initiatives described in the letter above. I understand this consent will be effective as long as my child is registered to attend this secondary school and that I may withdraw this consent at any time.

Date: \_\_\_\_\_

I am the parent/guardian of \_\_\_\_\_  
and I consent to this authorization and release.

Parent/Guardian signature \_\_\_\_\_