



**INFORMED CONSENT/FOIPP Form for Videoconference Session(s)**  
(Students under 18 Years)

This form must be read and signed by every student who wishes to participate and by a Parent and/or Guardian of a participating student.

School	
Group / Class (number of students involved)	
Lead Teacher Name	
Videoconference Event(s)	
Organization Presenting Event	
Organization's Location	
Date(s) of Event	

**Student's Name:** \_\_\_\_\_

The videoconference session(s) listed above are part of a vital, healthy and functioning school. All students are encouraged to participate in these activities but in order for them to do so; we require permission. By choosing to take part in this activity, the student may be seen by a third party and the student may be identified on a first name basis throughout the presentation.

**ACKNOWLEDGEMENT**

**WE HAVE READ THE ABOVE. WE UNDERSTAND THAT BY PARTICIPATING IN THE ACTIVITY DESCRIBED ABOVE, WE ARE ASSUMING THE RISKS ASSOCIATED, including being seen by a third party and identified on a first name basis throughout the videoconference.**

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION**

I give \_\_\_\_\_ permission to participate in the \_\_\_\_\_  
(name of student) (description of activity)

To be held on or about \_\_\_\_\_  
(date)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

This information is collected under the Authority of the *Freedom of Information and Protection of Privacy Act* Section 33 (c). This information will be used to identify practices or conditions which may affect the safety and care of individuals. For further information you may call the Principal or FOIP Coordinator at 674-8500.