



Mark R. Isfeld Secondary School
School District #71 (Comox Valley)
Protocol and Consent Form

Please refer to the school's website at www.isfeldschool.com/schoolformsprocedures/ and review the documents linked below thoroughly. When you have finished this, we need you to check as appropriate below then sign off and return this form to your child's homeroom teacher.

Child's full legal name: _____

Homeroom Teacher: _____

- "I have read the **Code of Conduct** and understand my child's responsibilities".

- "I have read the **Technology Rights and Responsibilities** document and understand my child's rights and responsibilities".

- "I have read and understand the **School Emergency Program Guide**".

- "I have read the information on **Outside Media Consent**, and understand that outside media may from time to time be authorized by the school to be present at the school, at school events or at public events where students are present. I understand that the School does not control the images or material printed by external media, and that it is my responsibility to communicate with the School if I have a concern about the collection of my child's image or information by external media that are authorized by the school to be present on school property or at school events".
 - "Yes", I agree that my child's image may be published by outside media.

 - "No", please do not authorize outside media to have access to my child or any information or images of my child for publication. (I understand my child will not be in the Graduation insert in the newspaper, if applicable).

- "I have read the **Personal Information Consent** and understand that the School may from time to time collect photographs, video or electronic images of students or their work for publication on the School's website or in other publications for the purposes of recognizing student or school achievement, promoting school activities or events, or informing the school community and members of the public about school programs and activities".
 - "Yes", I consent to the collection, use and disclosure of my child's image and work product for the purposes described above and in the Personal Information Consent.
 - "No", Please do not use my child's work product or image as described above.

Further details we should know:

Full printed names of Parents/Guardians:

Parent/Guardian Signatures:

1. _____

2. _____

Student Signature(s): _____

Date: _____