

MEDIA CONSENT FORM

REMOTE LEARNING

Name of Student: _____

I, _____ the parent/carer of this student, consent to my child being filmed/recorded/photographed and/or audio recorded by North East Flexible Learning Network during Remote Learning.

I acknowledge that this means:

- Participating organisations may ask my child questions and my child's responses may be recorded;
- Any photographs, video or audio recording (recording) of my child will be owned by the participating organisations that captures each recording; and
- This means that participating organisations may then broadcast, publish, distribute, or reproduce the recordings as they choose to without notifying or further consent from me.

I understand that I can only withdraw my consent for my child to participate before the event occurs and I must contact the Campus Site Principal, to do so.

Date: / /

Signature: _____

Name of parent/carer: _____

Contact number: _____