

**CONSENT FORM**  
FOR INDIVIDUALS UNDER 18 YEARS OF AGE

This consent form is to be signed by:

- a parent or guardian of a student under the age of eighteen (18) and
- the student, if sixteen (16) or older.

I, \_\_\_\_\_ parent/guardian of  
*(print or type full name)*

(name of student), \_\_\_\_\_  
*(print or type full name)*

**allow His Majesty the King in right of Ontario to use:**

- a) My child's name
- b) A description of the student named above, including his or her occupation/business, community involvement, etc.
- c) My child's photograph
- d) A videotape, an electronic or other image of the student named above
- e) A recording of the voice of the student named above
- f) A quotation or summary of the opinion of the student named above that he/she expressed orally
- g) A quotation or summary of the opinion of the student named above that he/she expressed in writing, including in an electronic medium
- h) My child's artwork or other creative/intellectual material

**for the uses described below, and for no other purpose:**

- a) Advertising on television, radio, newspaper, social media, or other medium
- b) Information (e.g., brochure, fact sheet, poster or other display material) that may be sent to some or all households, businesses, associations, schools, colleges, universities, etc.
- c) Publication sent to some or all households or businesses
- d) Training video
- e) Communications materials (e.g., speeches, news releases, backgrounders) that may be released to the media
- f) Web, Internet, Intranet-based communications materials
- g) Display in Government of Ontario offices
- h) Participation in an event where representatives of the media (television, radio, newspaper, etc.) may be present.

Personal information collected pursuant to this form is collected by the Ministry of Education in compliance with section 38(2) of the *Freedom of Information and Protection of Privacy Act*. The information will be used for purposes described on this form and for no other purpose. If you have any questions about the collection, use or disclosure of this personal information, contact:

[MinistryofEducation@ontario.ca](mailto:MinistryofEducation@ontario.ca)

Communications Branch  
Ministry of Education  
315 Front Street West, 14<sup>th</sup> Floor  
Toronto, ON M7A 0B8

**By signing this form,**

- I confirm that I have read this form as completed and I understand its contents.
- I acknowledge that the personal information referred to above was provided freely and voluntarily.
- I acknowledge that the image, name, voice, etc., of the student named above may be used by the media.
- I acknowledge that the image, name, voice, etc., of the student named above may be shared with and used by media (television, radio, newspaper, etc.), school boards and Members of Provincial Parliament.
- I agree to release His Majesty the King in right of Ontario and his representatives from any claim or liability that may arise out of the use or disclosure of the information collected on this form.

**Please sign in the appropriate space(s) below:**

To be signed by a **parent or legally appointed guardian** of the individual named above where he or she is **under the age of eighteen (18) years**:

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

To be signed by **the individual** named above where he or she is **sixteen (16) years of age or over**:

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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