

## 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 Wodonga Senior Secondary College 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 Mellisa Long, 02 6043 7500 and/or email [ttl@wssc.vic.edu.au](mailto:ttl@wssc.vic.edu.au) to do so.

Date:    /    /

Signature: \_\_\_\_\_

Name of parent/carer: \_\_\_\_\_

Contact number: \_\_\_\_\_