



École secondaire LESTER B. PEARSON High School
11575 rue P.M. Favier, Montréal (Québec) H1G 6E5
TEL: (514) 328-4442 FAX: (514) 328-4443

LBP IT & MEDIA CONSENT FORM
2020-21

IDENTIFICATION OF STUDENT

STUDENT'S FAMILY NAME _____

STUDENT'S FIRST NAME _____

LEVEL: SECONDARY 1 2 3 4 5 (Please circle)

Consent to Photograph, Record, Video Students and Publish, Display, Distribute or Broadcast Students' Image or Work and Assign Student Email

During the course of the school year, students are occasionally videotaped, recorded and or photographed for a variety of reasons, including school awards, special recognition, yearbooks, video projects and news programming. The student's name, school and grade may accompany such photographs, videos and web pages.

Some of these photographs / video images are published, displayed, distributed or broadcast outside of the school network and in these cases the School Board is required to obtain consent.

Also, during the school year, an email address may be assigned to a student.

Please fill in the requested information and check either YES or NO below to indicate whether you wish to give or not give your consent.

I hereby release the school and the School Board from any liability or damages resulting from or connected with:

The photographing, recording or video of a student: Yes No

The publishing, display, distribution or broadcasting of image / work: Yes No

The assignment of an email address: Yes No

Signature: _____
(parent / guardian / adult student)

Date: _____