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MEDICINE HAT PUBLIC SCHOOL DIVISION POPA RELEASE FORM

POPA Legislation:

As a result of changes in copyright and various other legislations, including the **Protection of Privacy Act** (POPA), schools are required to get written permission from individuals before personal information can be displayed outside of school.

Permission Granted:

I hereby authorize the **Medicine Hat Public School Division** and _____ to:

- collect personal information about the participant, including their name, photographs and audio/video recordings.
- use this information for educational and non-profit purposes.
- displaying images of the participant or their work on school or division websites,
- publicly displaying the participant's work,
- reproducing the participant's work in print or digital formats.

I understand that this information may be used or disclosed in educational displays, open houses, in-service sessions, school or division-related activities, community displays, the internet, and in educational or promotional materials.

The personal information collected will be used and disclosed only for the purposes stated above and in accordance with the Protection of Privacy Act (POPA).

This consent is valid for the school year. If, during the school year, you have any questions or wish to revoke or change your consent, please contact the school or the Medicine Hat Public School Division. If you do not provide consent, the district reserves the right to exclude your child from any activity that includes the collection, use, and/or disclosure of personal information.

(If the participant is under 18 years of age, this form must be signed by a parent or legal guardian.)

Participants Name

Signature

Parent/Guardian Signature

Relationship

Date

Address