

FORM 1/M79 (Required annually)

Date

VISIT AND PHOTO, VIDEO CONSENT FORM

I, (print full name)	give approval for my child
•	ripate in visits by Tour Operators and Resorts, members of the Fiji
Hotels and Tourism Association, to	the school.
I understand that:	
 All visits will be approved by the My child will be in the care of a T I or my child may elect not to alternative arrangements for my 	Γeacher at all times particular visit and that the School will make
I also give permission for my child	to be photographed and/or filmed during these visits.
I note and agree that, in relation to these interviews, videos and/or phot	my child, data collection, promotional or advocacy channels where tos may be used including:
including posters, newslette case studies, etc)	k, Twitter, YouTube, etc) sort's informational, educational and communication materials ers, brochures, flyers, info graphics, fact sheets, banners, reports, national news media organisations.
	the above, and consent to the collection, use and disclosure of my ncluding disclosure to overseas recipients, as outlined.
I understand that I may revoke such revocation is effective imme	this permission at any time, verbally or in writing, and that ediately.
Signature of Parent/Guardian	
Date:	Mobile number:
Address:	
Office use only:	
Name of School:	School Head:
Signature:	Date: