To the parent/Legal Guardian/Caregiver

* Please read this page carefully as it includes information about safety and security issues associated with privacy.
* Indicate your preference with regards to the sharing of your family and child’s personal information.

**You are welcome to contact the school to discuss this Privacy Agreement if you wish.**

I give permission for my child’s photograph and first name to be used for the School website, blogs, Flyer, Year Book or other publicity material Yes No

I am happy for my child’s personal information to be shared with health professionals for example NMDHB and the Child Oral Health Service Yes No

I am happy for my personal information to be shared with the NZSTA for BoT voting purposes. Yes No

**Child’s Name: ……………………………………….…………………….. Child’s Year: …………**

**My Name:**

Parent/Legal Guardian/Caregiver (*please circle which term is applicable*)

Signature: Date: