



**Brunswick South**  
**PRIMARY SCHOOL**

*imparare insieme ♦ creare insieme ♦ vivere insieme*

**PARENT/GUARDIAN RECORDING AUTHORISATION**

**Where student is under 18 years of age**

I ....., the parent / legal guardian of the student/s named below, agree to and provide permission for the photographic, video, audio or any other form of electronic recording of the named student for and on behalf of Brunswick South Primary School.

I acknowledge and agree that ownership of any photographic, video, audio or any other form of electronic recording will be retained by Brunswick South Primary School.

I authorise the use or reproduction of any recording referred to above for any reasonable purpose within the discretion of Brunswick South Primary School without acknowledgment and without being entitled to remuneration or compensation.

I understand and agree that if I wish to withdraw this authorisation, it will be my responsibility to inform Brunswick South Primary School on telephone (03) 9380 1231.

**Name of Parent/Guardian:**.....

**Signed:**.....**Date**.....

**Name of Student/s:** .....

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