



Group Video Consent

This form is for SCHOOL GROUPS only.

Please ensure that forms completed by parents/caregivers are held at your school. We do not require the forms to be sent to us.

Name of School: _____

Concert No: _____ **Row No:** _____

I have ensured that there is parental/caregiver consent for each student performing to be recorded.

Choir/Support teacher name: _____

Signature: _____ **Date:** _____