

# Classroom Live Streaming Parental Consent Form

## Student Information

Student Name

Grade/Class

## Parent/Guardian Information

Parent/Guardian Name

Contact Number

## Consent Statement

I hereby give my consent for my child identified above to participate in classroom activities that may be live streamed. I understand that these sessions may be broadcast to authorized viewers for educational purposes only, and appropriate measures will be taken to protect the privacy of students.

Parent/Guardian Signature

Date