MediPath International

Photo/Media Opt-Out Consent Form
(For High School Students)

Dear Parent/Guardian,

MediPath International may take photographs and/or videos during our educational workshops and events for promotional and educational purposes (e.g., social media, website, or printed materials).

If you do NOT want your child's image to be used in any MediPath content, please complete and sign this form.

🔹 Student Information

Full Name of Student: _____

School Name: _____ Grade Level: _____

🔹 Opt-Out Consent

By signing this form, I confirm that I do NOT give permission for MediPath International to use my child's name, photograph, or video footage for any promotional or educational purposes. I understand that reasonable efforts will be made to exclude my child from group media where possible.

☐ I do NOT give consent for my child's image to be used.

🔹 Parent/Guardian Information

Full Name: _____

Parent/Guardian Signature: _____ Date: ____ / ____ / _____

🔹 Student Acknowledgement *(optional if age-appropriate)*

Student Signature: _____ Date: ____ / ____ / _____

If you have any questions, please contact us at:
medipathinternational@gmail.com
medipathinternational.com