



GCS Webinar Parental Consent Form

Name of Student: _____

School: _____

I understand that my son/daughter may be participating in _____ webinars that could include them being seen and heard on a webcam over the Internet.

Please select an option below and initial.

_____ **I grant permission** for my child to be allowed to participate in any webinar with a webcam.

_____ **I do not grant permission** for my child to participate in any webinar with a webcam.

Signature of Parent or Guardian: _____

Date: _____