

## Observation Consent Form

Dear Parent,

My name is \_\_\_\_\_ and I would like to observe your child as part of an early childhood education course at NZMA.

Please sign this form if you are willing to let me observe and/or take photos or video of your child and return it to the centre. If you wish to receive a copy of the observations/photos/videos, please provide a contact email address.

Thank you.

Student's signature

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I give permission for my child to be observed and photographed or videoed by the following NZMA student:

Name: \_\_\_\_\_

I understand that to ensure my child's privacy is protected the information gathered at this time will only be sighted by the student and NZMA and used for learning purposes only.

Child's Name: \_\_\_\_\_

Parent's name \_\_\_\_\_

Parent's signature \_\_\_\_\_

Date: \_\_\_\_\_