



Sioux Lookout  
First Nations  
Health Authority

## **Media Consent Form**

I, .....,  
*Name of person & parent/guardian if subject is less than 18 years of age.*

consent to allow Sioux Lookout First Nations Health Authority to use my and/or my child's name and/or image. I understand these may be used in the organization's website, videos, brochures, advertising and/or newsletters and publications distributed to staff and the general public.

I understand this image and/or name is for educational and promotional use only and will not be sold or used for direct monetary gain by Sioux Lookout First Nations Health Authority. My and/or my child's name may be used in conjunction with this image unless otherwise specified in the comments below.

I further understand that this consent may be withdrawn by me at anytime, upon written notice.

I give this consent voluntarily.

.....  
*Signature of person giving consent or parent/guardian*

Date .....

Comments:

If you have any questions, please contact the Communications Department at the Sioux Lookout First Nations Health Authority:

(807) 697-3206

[communications@sfnha.com](mailto:communications@sfnha.com)