**PARENTAL CONSENT FORM**

Dear Parents,

This year, children will be using TheirStory as a complementary tool that will allow them to record interviews and conversations with community members in connection with the children’s participation in [insert entity obtaining consent] program.

TheirStory can be used through two types of accounts: student accounts and staff accounts. Student accounts and information related to them is stored completely privately and is only accessible to us as your children’s staff. With TheirStory accounts, children may interview and record oral histories with community members.

The Children's Online Privacy Protection Act (COPPA) protects the online privacy of children under the age of 13 and requires web-based service providers as TheirStory to obtain parental consent prior to the collection, use, and disclosure of that child's personal information. Due to COPPA’s requirements and just like any other web- or cloud-based educational tool, TheirStory requires that organizations obtain parental consent prior to the use of TheirStory accounts on by children and allow children under the age of 18 to access and use those accounts.

If your child is under 18, we need your consent to allow your child to create an account. Please sign below and return the slip as soon as possible!

To learn more about TheirStory, please visit their website at www.theirstory.io and consult their Privacy Policy and Terms of Use at https://theirstory.io/privacy-policy and https://theirstory.io/terms-and-conditions, respectively.

Thank you!

Imagen que contiene captura de pantalla

Descripción generada automáticamente

**Yes, I give permission for my child to create a TheirStory account and for TheirStory to collect, use and disclose the information about my child as explained in TheirStory’s Privacy Policy.**

Child name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent cell/email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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