

Emergency Information and Permission Form

In the event of illness or an emergency, the staff at St. Brigid School is permitted to treat or seek treatment for the student(s) listed below.

Student Name(s): _____

Student Name(s): _____

The following people may be contacted in an emergency and are authorized to pick up the student(s) listed above

Emergency Contacts (other than parents/guardians, who will be called first)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Individuals Authorized to pick up my children:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical Information: (In the event of illness or an emergency, the staff at St. Brigid School is permitted to treat or seek treatment for the student (s) listed above)

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Hospital Preference: _____ Is your child covered by insurance? Yes No

Media Release: I give St. Brigid School permission to use my child's photograph or video of my child on:

School Website

School Facebook Page

Media and marketing materials

Notes or exceptions: _____

Technology Release: I have read and understand St. Brigid's Technology and Acceptable Use Policy, which will be abided by:

Yes

No

Walking Field Trips: I give my child permission to go on supervised walking excursions to nearby destinations.

Yes

No

Walking Home from School: I give the child/children listed at the top of this form, permission to walk home from school, or be dismissed from school grounds **independently**. I understand that once the student is released, the staff at St. Brigid School is relieved of any responsibility for the student.

Yes

No

I understand the above releases and permissions will be in effect until I amend any of the information.

Parent Signature: _____

Date: _____