

# Saint Bede Permission/Release Form

For preK-12



## Use of Pictures and Videos – Year 2019/2020

I give permission for pictures and/or video of my child \_\_\_\_\_ engaged in activities related to any Saint Bede event to have their pictures posted in the Saint Bede publications or websites. Names of participants will not be used without express permission from the parent or guardian.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Sports and Activity Waiver-Year 2019/2020

I release Saint Bede from any liability associated with my child \_\_\_\_\_'s participation in sports/activities sponsored by Saint Bede.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Saint Bede Catholic Church Annual Medical Release Form School Year 2019-20

Participant's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_ NAME

OF PARENT/GUARDIAN: \_\_\_\_\_ Insurance

Company: \_\_\_\_\_ Policy Holder's Name: \_\_\_\_\_

Relationship to Policy Holder: \_\_\_\_\_ Policy Number/ID Number: \_\_\_\_\_

In case of an emergency notify: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

### Medical Information:

Is there any other physical or emotional condition of which we need to be aware? \_\_\_Yes \_\_\_ No

Please explain. \_\_\_\_\_

Does your child have any allergies? \_\_\_Yes \_\_\_ No

If "YES", please list. \_\_\_\_\_

Does your child have medication of any type with them? \_\_\_Yes \_\_\_No

If "YES", please list. \_\_\_\_\_

In the event of any emergency, I give authority to the accompanying adults to authorize treatment. I understand that any attempt to notify me will be made before any treatment is authorized.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_