

Saint Bede Permission/Release Form

For PreK-12



Use of Pictures and Videos – Year 2018/2019

I give permission for pictures and/or videos of my child, _____, engaged in Saint Bede events or activities to be 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 2018/2019

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 2018-2019

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: _____

___ I Accept

By selecting the "I Accept" button, you are signing this Permission/Release Form electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Permission/Release Form.

PreK - 8th grade, email completed form to: rhipple@bedeva.org

9th - 12th grade, email completed form to: ppalm@bedeva.org