

# Permission for Emergency Care

Appendix F-1

To be completed and signed annually by a parent/guardian

Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Nickname \_\_\_\_\_ Sex ☐ Male ☐ Female Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone \_\_\_\_\_ - \_\_\_\_\_ Email for official school communication \_\_\_\_\_

Name(s) of any sibling(s) at school \_\_\_\_\_ Grade(s)/Room \_\_\_\_\_

Student lives with (applicable custody paperwork must be attached): \_\_\_\_\_

## Mother/Female Guardian

Full Name \_\_\_\_\_  
Maiden Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Home Email \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Work Email \_\_\_\_\_  
Work Address \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_

Marital Status (Circle) Married Separated Divorced\*  
Widowed Single Remarried

**\*Appropriate custody paperwork MUST be attached.**

## Father/Male Guardian

\_\_\_\_\_

Married Separated Divorced\*  
Widowed Single Remarried

**\*Appropriate custody paperwork MUST be attached.**

Persons NOT authorized to pick up the student from school:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Emergency Contacts:** In the event a parent/guardian cannot be reached, you must give the name, address and phone number of two persons who could collect the student from school in a timely manner.

1) \_\_\_\_\_  
(Name) (Address, City, State, Zip) (Phone) (Relationship)

2) \_\_\_\_\_  
(Name) (Address, City, State, Zip) (Phone) (Relationship)

Student's Doctor \_\_\_\_\_ Phone# \_\_\_\_\_

Outstanding Medical History \_\_\_\_\_  
(e.g. diabetes, heart disease, contact lenses, hearing aid, etc.)

Allergies \_\_\_\_\_ Action to Take \_\_\_\_\_

Student's Medications \_\_\_\_\_ Date of Last Tetanus Shot \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

- I agree to notify the school within 24 hours if my child or any member of their immediate household has developed a communicable disease. I agree to notify the school immediately if the disease is life threatening. I agree to pick up my sick or injured child in a timely manner when contacted. If I cannot be reached, the above emergency contacts can be called to pick up my child. Additionally, if I cannot be contacted in an emergency, the school has my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment, when a physician deems necessary for the well-being of my child.
- I certify that the information provided in this document is true and accurate to the best of my knowledge.

Printed Name of Parent/Guardian \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## PHOTO, PRESS, AUDIO, AND ELECTRONIC MEDIA RELEASE FOR MINORS

Student Name: \_\_\_\_\_

The Diocese of Arlington and any of its schools and/or the Arlington Catholic Herald may produce or participate in video tape, audio recording, website or still photographic productions that may involve the use of students' names, likenesses, or voices. Such productions may be used for educational and/or official school marketing purposes and may be copied or copyrighted with the school retaining any and all rights to such productions.

Keep in mind that this also includes photographs, video, or audio, such as those taken on field trips and during typical school activities, and that, if you provide your permission, these may be used for school/diocese marketing materials as well as end of the year video montages and other school-based production. Some of these productions are illustrated in the attachment. (*see attachment*)

You have the right to prohibit the use of your child's name, while still giving permission for the use of their picture and/ or voice in these productions. Please read the options below carefully as you consider your decision and sign and return this form to the school office. This agreement is binding for the 2020-2021 school year. No adaptations, changes or alterations may be made for the 2020-2021 academic year.

### Image and Audio:

I **DO** authorize the Catholic Diocese of Arlington, its parishes, its schools and/or the Arlington Catholic Herald to use and publish my child's photograph, video and/or audio recording for educational, news stories, illustration and/or marketing purposes.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

### Identity:

I **DO** authorize the Catholic Diocese of Arlington, its parishes, its schools and/or the Arlington Catholic Herald to use MY Child's Name identifying them in photographs, videos and/or audio recordings for educational, news stories, illustration and/or marketing purposes.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

OR

I **DO NOT** authorize the Catholic Diocese of Arlington, its parishes, its schools and/or the Arlington Catholic Herald to use and publish my child's photograph, video and/or audio recording for educational, news stories, illustration and/or marketing purposes **EXCEPT for the school yearbook.**

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

I **DO NOT** authorize the Catholic Diocese of Arlington, its parishes, its schools and/or the Arlington Catholic Herald to use and publish my child's photograph, video and/or audio recording for educational, news stories, illustration and/or marketing purposes.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_