

Saint Bede Permission/Release Form

For preK-12



Use of Pictures and Videos – Year 2017/2018

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 2017/2018

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 2017-2018

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: _____