

EMERGENCY MEDICAL AUTHORIZATION

In case of accident or serious illness, I ask that the school contact me. If the school cannot reach me, the school may provide care and treatment for my child. If the additional contact persons listed cannot be reached, the school personnel has permission to transport my child to the nearest emergency room.

X _____
Signature of parent or guardian Date

AUTHORIZATION TO PHOTOGRAPH FOR PUBLICITY PURPOSES

- I give my permission for my child _____ to be photographed/recorded by school personnel, volunteers, or visitors. I understand the photographs may be used for publicity purposes for the school or in publications, which refer to our school.
- I do **not** give my permission for my child's picture to be used for publicity or publications.

X _____
Signature of parent or guardian

AUTHORIZATION TO PUBLISH FAMILY INFORMATION IN THE SCHOOL DIRECTORY

- We would like the information from the St. Brendan School database (name, address, phone & email) published in the directory.
- We do **not** want our family listed in the school directory.

X _____
Signature of parent or guardian
