

EMERGENCY CONTACT INFORMATION:

In case of illness or accident occurring to my child/children at school, if it is not possible to reach me, please call:

Name: _____ Phone: (____)_____

Address: _____

Name: _____ Phone: (____)_____

Address: _____

Doctor's Name: _____ Phone: (____)_____

I hereby authorize those in authority at Mary Our Queen School and/or my physician to render any necessary medical aid to my child/children at the nearest hospital, including hospitalization and any emergency services performed there by hospital personnel, until I can be reached.

Parent/Guardian signature for medical release _____ **Date** _____

SPECIAL INSTRUCTIONS: Specify any allergies, physical limitations, and any current medications for each child (add a separate sheet if needed):

PERMISSION TO USE STUDENT PHOTOS: At various times during the year, the students have their pictures taken, their work displayed or published, or are filmed during school/classroom activities. The photographs, film clips, or student work may also be used as promotional materials for the school. In order for your child/children to participate, a permission form must be on record in the school office. Please know that you may notify the school office in writing at any time to rescind this permission form.

_____ **I grant permission** _____ **I do NOT grant permission**
for my child/children to be photographed or filmed for any school approved public media/Sycamore/school web page activities, and release the school and all the school staff who act according to this consent and authorization from any and all liability.

Print Parent/Guardian Name _____ **Parent/Guardian Signature** _____

SCHOOL DIRECTORY: I give permission to print my information in the school directory (**check all that apply**):
 Address Home Phone Number Mother's Cell Phone Father's Cell Phone Include No Information

Parent Signature _____ **Date** _____