

## Emergency Information and Permissions Form

Student Name (s) \_\_\_\_\_

Student Name (s) \_\_\_\_\_

The following people may be contacted in an emergency and are authorized to pick up the student (s) listed above.

**Emergency Contacts (other than parents/guardians, who will be called first)**

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

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

**Individuals Authorized to pick up my children:**

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

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

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**Medical Information:** (In the event of illness or an emergency, the staff at St. Brigid School is permitted to treat or seek treatment for the student (s) listed above)

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_ is your child covered by insurance?  Yes  No

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**Media Release:** I give St. Brigid School permission to use my child's photograph or video of my child on:

School website       School Facebook page       Media and marketing materials

Notes or exceptions: \_\_\_\_\_

**Technology Release:** I have read and understand St. Brigid's Technology and Acceptable Use Policy, which will be abided by:

Yes  No

**Walking Field Trips:** I give my child permission to go on supervised walking excursions to nearby destinations.

Yes  No

**Walking Home from School:** I give the child/children listed at the top of this form, permission to walk home from school, or be dismissed from school grounds independently. I understand that once the student is released, the staff at St. Brigid School is relieved of any responsibility for the student.

Yes  No

**I understand the above releases and permissions will be in effect until I amend any of the information.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_