



# Emergency Information and Permission Form

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 below.

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: \_\_\_\_\_

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**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:** \_\_\_\_\_