



Falcon for a Day Permission Form

Dear St. Helen Catholic School,

I give my child, _____, permission to participate in the activities of St. Helen Catholic School Falcon-For_A-Day program.

- I permit SHCS to take photos of my child and utilize them for marketing purposes (social media, e-newsletter, etc.).

Please list allergies, medical concerns, etc. _____

My child will be picked up today at _____ p.m. by _____

Parent/Guardian Contact Information

Name: _____

Cell Phone: _____ Email: _____

Address: _____

Dated: _____

Print Name

Signature