



Media Release Form

(One form should be completed and signed annually for each family enrolled at St. Elizabeth Ann Seton School.)

I give permission for St. Elizabeth Ann Seton School to use my child's/children's image(s) in the following mediums. With the exception of media news stories and the school yearbook, these mediums will not identify children's images by name.

Please circle all that apply:

School Facebook page *(Annual class photos are not posted on Facebook.)*

School website

Internal publications (ex: yearbook)

Auction/ school event slide shows

Media news stories/ advertisements promoting the school

School promotional flyers and brochures

All-school Group Photos *(including all grades, all students, all staff)*

ALL of the above

NONE of the above

Please list each child in your family by name and grade:

Student's printed name: _____ Grade _____

Student's printed name: _____ Grade _____

Student's printed name: _____ Grade _____

Student's printed name: _____ Grade _____

Parent/Guardian signature: _____ Date: _____

**SEAS SCHOOL
EMERGENCY INFORMATION**

ONE PER FAMILY

Student's Name: _____ Grade: _____ Birthdate: _____

Student's Name _____ Grade: _____ Birthdate: _____

Student's Name _____ Grade: _____ Birthdate: _____

Student's Name _____ Grade: _____ Birthdate: _____

PARENT INFORMATION:

FATHER

MOTHER

Name: _____

Name: _____

Place of Employment: _____

Work Phone #: _____

Cell Phone #: _____

Home Address: _____

Zip Code: _____

Mailing Address (if different from home): _____

TWO PEOPLE TO CONTACT IN CASE OF AN EMERGENCY IF PARENTS ARE NOT AVAILABLE:

Name: _____

Relationship: _____

Phones: Home: _____

Work: _____

Cell: _____

Name: _____

Relationship: _____

Phones: Home: _____

Work: _____

Cell: _____

**SEAS SCHOOL
EMERGENCY INFORMATION**

COMPLETE ALL THREE PAGES OF THIS FORM AND TURN INTO THE SCHOOL OFFICE.

DOES YOUR CHILD HAVE ANY HEALTH PROBLEMS THE SCHOOL SHOULD BE AWARE OF? YES _____ NO _____

If "yes", please explain: _____

DOES YOUR CHILD TAKE ANY MEDICATIONS THAT THE SCHOOL SHOULD BE AWARE OF/AND OR WILL BE ASKED TO ADMINISTER?

YES _____ NO _____ If yes, please describe (reminder that children are not to have medications or self administer medications at school. All medications are to be kept in the office and administered by a school employee).

Family Doctor's Name: _____ **Phone #:** _____

Family Dentist's Name: _____ **Phone #:** _____

MEDICAL CARE AUTHORIZATION

If emergency treatment is required for your child/ward, and we are unable to reach the parents or legal guardian immediately, your signature below will empower the staff at St. Elizabeth Ann Seton Catholic School to exercise their own judgment in contacting the above physician or if necessary, transport the child to a facility for medical treatment. This procedure would also permit the school to release pertinent school medical records to the treatment facility.

I/We consent, in advance, to allow whatever emergency treatment is considered necessary by attending medical staff in the event my/our child/ward suffers illness or injury while in the care of St. Elizabeth Ann Seton Catholic School I/We further understand that reasonable effort will be made to notify me/us of the illness/injury prior to the treatment of the child/ward.

Parent Signature: _____ **Date:** _____

**SEAS SCHOOL
EMERGENCY INFORMATION**

LIST THE NAMES AND CONTACT PHONE NUMBERS OF ANY PERSON, OTHER THAN PARENTS OR LEGAL GUARDIANS WHOM, YOU AUTHORIZE TO PICK UP YOUR CHILD AFTER DISMISSAL TIME.

NAME

CONTACT NUMBER

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____