

SIGNATURE FORM: MEDICAL TREATMENT, PUBLICITY, AND HANDBOOK

Please read the waivers, check the appropriate boxes, fill in your name/date, and then click SAVE
* Required Information

Save

1) Medical Treatment Authorization

I authorize supervisory personnel at St. Vincent de Paul School to provide necessary emergency care and services in the treatment of sudden illness or injury to my child/children if I cannot be contacted by phone.

I agree to the above waiver

2) Publicity Permission

On occasion, St. Vincent de Paul School takes photographs or makes an audio or video recording of students and/or adults involved in school/parish activities. Such photographs or videos recordings may be used by staff and participants to remember the activity or participants. In addition, such photographs and audio/visual recordings may be used in St. Vincent de Paul School/Parish publications or advertising materials to let others know about our school /parish. Also, local news organizations may learn about St. Vincent de Paul's School/Parish activities or events, and may invite or allow them to photograph or record our events to be used, distributed, or displayed as agents of the school/parish as they see fit.

By checking the YES box, I hereby expressly grant to St. Vincent de Paul School/Parish, and the Diocese of Peoria the right, privilege, and license to use the picture or likeness of my child/ren in any photograph, movie, video production or any other forms of media publication and to use the verbal or written statements or declarations of my child/ren for the purpose of publicizing, fostering and promoting the school and its programs, or for any other purpose in furtherance of the mission of the school/parish, and the Diocese of Peoria.

By checking the NO box, I do NOT grant permission for St. Vincent de Paul School/Parish and the Diocese of Peoria to publicize my child's name, picture, etc. for any purpose or use.

YES

NO

3) Parent/Student Handbook

Please copy and paste into your web browser the link below to view the St. Vincent de Paul Student/Parent Handbook.

<http://www.svdpvikings.com/Parents/Handbook.aspx>

I will read and discuss the St. Vincent de Paul Student/Parent Handbook with my child/ren and we will support all of its provisions.

* I agree to the above waiver

* Parent Name:

Parent Name:

* Date:

Save