



St. Brigid School

Excellence Faith Community

## EMERGENCY INFORMATION AND PERMISSIONS FORM

I UNDERSTAND THE ABOVE INFORMATION AND PERMISSIONS NEED TO BE UPDATED EACH YEAR.

☐ I HAVE REVIEWED THE PARENT PAGE ON FAST DIRECT AND NO CHANGES NEED TO BE MADE

☐ PLEASE NOTE THE FOLLOWING CHANGES ON OUR PARENT PAGE IN FAST DIRECT

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: \_\_\_\_\_

Dentist'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

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