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 _____

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**_____