



1 per Scholar

Permissions Form

2021 – 2022 Academic Year

Print Family Name: _____

Print Scholar's Name: _____ **Grade:** _____

Accident/Illness: In case of accident or illness, I request that the Academy attempt to contact me. If the Academy is unable to reach me, I hereby authorize the Academy to call the next person on the list or a physician I have on record with the Academy to follow their instructions. The Academy may make whatever arrangements deemed appropriate for my child's care.

Signature of Parent/Legal Guardian _____ **Date** _____

Authorization & Release of Media: I understand that by signing this Authorization and Release of Media that I hereby grant authority to St. Charles Borromeo Academy for the use of photographs or video in which my scholar might appear. Examples are: school programs, social media, yearbook and/or promotional materials.

Signature of Parent/Legal Guardian _____ **Date** _____

Field Trip Release: I am signing this in the rare occasion my scholar forgets his/her permission slip for an SCBA approved field trip; I am allowing my son/daughter to participate in the activity.

Signature of Parent/Legal Guardian _____ **Date** _____