



St. Francis of Assisi
5330 Eastside Circle
Yorba Linda, CA 92887
(714) 695-3700 Fax: (714) 695-3704
www.sfayl.org



St. Francis of Assisi Elementary Release Form

Publications, Video, Internet Consent, Technology Presentations and Release Agreement

St. Francis of Assisi supporters, students, parents and friends occasionally are asked to be part of school publicity, publications, technology presentations and/or public relations activities. In order to guarantee personal privacy and ensure your agreement to participate, St. Francis of Assisi asks that you sign and return this form to the school.

Agreement

I hereby authorize St. Francis of Assisi to use my and my student's name, picture, art, written work, voice, verbal statements, portraits (video or still) and technology presentations for purposes of school presentations, yearbook, public relations, public information, school marketing and promotion, publicity, and instruction.

With respect to publication on School Web pages, St. Francis of Assisi agrees that:

- Students will not be identified by personal details other than first name, or first name and first initial of last name, unless the website area that holds student's information is password protected from the World Wide Web.)
- Where text on a page is not associated with an accompanying image (for example, list of honor roll students or scholarship award winners), only first name and first initial of last name of students will be used.
- St. Francis of Assisi will promptly comply with any request by the undersigned to remove any photograph or text featuring his or her child.
- No other personal information relating to a student or minor will be published.

In signing this agreement, I understand, acknowledge, and agree that:

- ❖ No monetary or other consideration shall be due or owing in connection with this agreement or any use authorized hereby; St. Francis of Assisi shall be entitled to use the foregoing materials in subsequent years;
- ❖ This agreement may be terminated at any time with written notice.

Please Print All Information Clearly

Name of Parent _____

List all students and their grade

Student Name _____ Grade: _____

Student Name _____ Grade: _____

Student Name _____ Grade: _____

Student Name _____ Grade: _____

☐

I CONSENT to the above agreement.

Parent Signature _____ Date: _____

OR

☐

I DO NOT consent to the above agreement, with the understanding that my student(s) **Will NOT** be in the school yearbook, any publications or any other media referenced in this document.

Parent Signature _____ Date _____



Field Study/Trip Parent Permission Form

The information below must be given to the appropriate teacher/advisor prior to the outing as designated by communication of the school.

ADVISOR: Kwan & Oliver

GROUP: Camp Wolf Pack Summer

DESTINATION: Discovery Science
Center

Camelot

Cinema City
Movies

Knott's Berry Farm

DATE OF TRIP: 06/30

07/14

07/21

07/28

MODE OF TRANSPORTATION: Bus

Student Name (please print)

I/we give my/our consent and understand that supervision and/or transportation for this event will be provided and that all diocesan and school policies will be strictly adhered to. I/we agree to direct my son/daughter to cooperate and conform with the directives and instructions of the supervisory personnel in charge of the activity.

STUDENT MEDICAL RELEASE

I/we, the parent(s)/guardian(s) of the above named student, hereby, give my/our permission for his/her participation in the activity named above. I/we am/are not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.

Should it be necessary for my/our child to have medical treatment (including dental or hospital treatment) on this trip, I/we hereby give the school personnel permission to use their best judgment in obtaining medical service for my child, and I/we give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician.

I/we agree that in the event my/our child is injured as a result of his/her participation in the above named activity, including transportation to and from such activity, whether or not caused by the negligence (active or passive) of the school or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of our family.

Parent / Guardian Signature

Parent/Guardian Signature

(Home Address)

(City)

(Zip Code)

(Home Phone Number)

(Cell Phone Number)

(Work Phone Number)

(Date Signed)

Insurance Company _____ Policy Number _____

Doctor's Name _____ Phone Number _____

Allergies/Medical Problems/Disabilities: _____

Student Date of Birth: _____ Age: _____

Parents' Email Address(es): _____