

Saint Brigid Catholic School
After School Care Program
Permission Forms

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CONSENT TO USE NAME, PHOTOGRAPH, AND CREATED WORKS

I, the undersigned, give permission to Saint Brigid Catholic School *After School Care Program* for the name, image, and/or created works of my child, _____ to be published by the media.

Parent/Guardian Signature

Date

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PERMISSION FOR THE ADMINISTRATION OF FIRST AID

I, the undersigned, give permission to Saint Brigid Catholic School *After School Care Program* to administer first aid (i.e. cold packs, bandages) in the event of a minor injury to my child, _____ . I understand that I will be informed of the first aid my child received upon pick up.

Parent/Guardian Signature

Date

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