

## PHOTOGRAPH, VIDEOTAPE, & MEDIA RELEASE FORM

Please select from option A or B

**A)** I hereby grant authority to Immaculate Conception - St. Joseph School the use of any photographs, videotapes, or similar media items in which my student might appear, or statements made by them, in the production, display, or sale of public service announcements. I also hereby release Immaculate Conception - St. Joseph School from claims that may be made by me based upon the use of this material during or after the 2002-2003 school year. Examples of such items include the homeroom class composite photo, Student Council news articles, Catholic Schools Week tabloid, team athletic photos, bulletin board displays, video tapes of class activities, and other activities carried out throughout the school year.

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

**OR (please sign only one)**

**B)** I do NOT release authorization to use my child's photo, video image, or similar media items as listed above for any school use.

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

### PARENTAL INSURANCE WAIVER

Immaculate Conception - St. Joseph School does not purchase accident insurance to cover injuries incurred by your child at school. We encourage all families to have accident coverage on their children, prior to participating in any sports or school sponsored activity. If you do not have insurance on your child, or if you have a plan with a high deductible or with limited benefits, we encourage you to review the student insurance program available through Student Assurance Services. Information on this insurance is available through the school office, and you may enroll your child at any time during the school year. If you feel you already have adequate insurance, please sign and date the statement listed below: **We, the undersigned, feel we have adequate insurance protection for our child while practicing or participating in interscholastic sports or other school sponsored activities.**

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

### Health Update

**Please record if your child has any concerns that the nurses and school staff should be aware of.**

Concern	Yes	No	Comments
Allergies			Allergic to:
Attention Deficit Disorder			
Asthma			
Glasses (or contacts)			
Diabetes			
Hearing Loss			
Hospitalizations			
Operations			
Seizures			
Serious Illness			

**Does your child take any medications? (Please indicate if given at home or school)**

Medication	Dosage	Purpose

**Any other concerns or information?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_