

The information below is confidential

Does your student have any special needs due to a learning disability, physical ability, reading difficulty, hearing impairment, emotional problem, or any other reason?

Name of student _____ Special needs _____

Describe any allergy, chronic illness or other conditions: _____

Does this student take any medications? Yes _____ No _____ List _____

In case of emergency, please contact: _____ Phone _____

Photo Release Statement

- I hereby **grant** permission for my child to be photographed and/or videotaped during Life Teen activities and events. I understand that my child may decline to be photographed and/or videotaped at any time.

I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting Life Teen at St. Patrick Catholic Community.

Name (PLEASE PRINT) _____

(SIGNATURE) _____

- I hereby **decline** to grant permission for my child to be photographed and/or videotaped during Life Teen activities and events. I have instructed my child to decline to be photographed and/or videotaped at all times. I have further instructed my child to notify Life Teen Coordinators and/or Core Team Members that he/she may not be photographed and/or videotaped under any circumstances.

Name (PLEASE PRINT) _____

(SIGNATURE) _____