



EMERGENCY CONTACT INFORMATION

*In case of emergency, mother/father or guardian(s) will be contacted first.
If additional emergency contacts are needed, please complete and submit information below.*

▶ STUDENT LAST NAME STUDENT FIRST NAME GRADE ENTERING IN FALL

▶ EMERGENCY CONTACT #1:

LAST NAME FIRST NAME RELATIONSHIP TO STUDENT

WORK PHONE DAYTIME PHONE OTHER PHONE EMAIL

▶ EMERGENCY CONTACT #2:

LAST NAME FIRST NAME RELATIONSHIP TO STUDENT

WORK PHONE DAYTIME PHONE OTHER PHONE EMAIL

FIELD TRIP AUTHORIZATION

MY CHILD (FIRST NAME AND LAST NAME), _____, HAS MY/OUR PERMISSION TO ATTEND AND PARTICIPATE IN ALL ACTIVITIES AND FIELD TRIPS SPONSORED BY SACRED HEARTS ACADEMY'S 2023 SUMMER PROGRAMS.

I UNDERSTAND THAT REASONABLE CAUTION WILL BE TAKEN TO ENSURE THE SAFETY OF MY CHILD; HOWEVER, I WILL NOT HOLD THE SCHOOL, THE TEACHERS AND THE CHAPERONES LIABLE IN CASE OF ACCIDENTS.

▶ PARENT/GUARDIAN SIGNATURE DATE

PARENT/GUARDIAN NAME: FIRST/LAST (PRINT)



PHOTOGRAPHIC CONSENT

ACADEMY FACULTY AND STAFF REGULARLY PHOTOGRAPH STUDENTS ENGAGED IN ACTIVITIES IN THE CLASSROOM AND ON CAMPUS FOR USE IN PROMOTIONAL MATERIAL, INCLUDING PRINTED COLLATERAL AND ON THE SCHOOL'S WEBSITE. I GIVE PERMISSION FOR THE ACADEMY TO USE MY CHILD'S PHOTO FOR SCHOOL PURPOSES.

INTERNET USAGE CONSENT

MY CHILD SHALL HAVE ACCESS TO THE INTERNET AND/OR AN EMAIL ACCOUNT DESIGNATED FOR EDUCATIONAL PURPOSES. I UNDERSTAND THAT IT IS IMPOSSIBLE FOR SACRED HEARTS ACADEMY TO ELIMINATE ACCESS TO ALL CONTROVERSIAL MATERIALS AND WILL NOT HOLD THE SCHOOL RESPONSIBLE FOR MATERIAL ACQUIRED OR STRANGERS MET ON THE NETWORK. FURTHER, I ACCEPT FULL RESPONSIBILITY FOR SUPERVISION IF AND WHEN MY CHILD'S COMPUTER USE IS NOT IN A SCHOOL SETTING. THIS PRIVILEGE MAY BE REVOKED BY THE COMPUTER SYSTEM ADMINISTRATOR IF USE IS ABUSED BY THE STUDENT.

STUDENT LAST NAME STUDENT FIRST NAME

PARENT/GUARDIAN SIGNATURE DATE

PARENT/GUARDIAN NAME: FIRST/LAST (PRINT)

ADDITIONAL HEALTH INFORMATION

MY CHILD (FIRST NAME AND LAST NAME), _____, HAS A MEDICAL CONDITION AND/OR ALLERGIES THAT THE SCHOOL NEEDS TO BE AWARE OF (Check applicable option):

NO

YES (If applicable, describe the medical condition and/or the allergies and the treatment, etc. below)

Three horizontal lines for providing additional health information.