

CONSENT AND RELEASE FORM

1. In case of an accident involving my child, I authorize the school to make medical decisions on my child's behalf.
Yes _____ No _____
2. I give permission for my child to participate in walking field trips in the Alameda/Irvington neighborhood.
Yes _____ No _____
3. I give permission for my child's picture and name to be on the class composite and in the school's yearbook.
Yes _____ No _____
4. I give permission for The Madeleine School to enter my child's work in school related contests as deemed appropriate by the school.
Yes _____ No _____
5. I give permission for my child's individual picture (without his/her name) to be included in publications that might be used to promote the school. This might include, but not limited to, **Friday Footnotes**, in-house reports, brochures, newspaper publicity, social media, and on the school website.
Yes _____ No* _____
6. I give permission for my child's picture (without his/her name) in a group (such as a class photo or large group) to be included in publications that might be used to promote the school. This might include, but not limited to, **Friday Footnotes**, in-house reports, brochures, newspaper publicity, social media, and on the school website.
Yes _____ No* _____

*If you answer No to questions 5 and/or 6, your child's face will be blurred out in group photos.

Child's Name: _____ (Please print)

Parent or Guardian Signature _____ Date _____

