

Photo Release

During the school year we take pictures of activities that involve students to share on social media and advertising. We use these to highlight our positive learning environment. These pictures may capture your child directly or indirectly.

With this, we seek your consent in allowing us to publish these photos to said platforms.

_____ I hereby allow the reproduction and publication of my child’s photograph(s).

_____ I do not allow the reproduction and publication of my child’s photograph(s).

Name of Student: _____ Grade: _____

Parent Signature: _____ Date: _____

Medical Release

In the event I cannot be reached to make arrangements, I hereby give my consent to

K. Celena Neely to contact _____ (Dr. name) at

_____ (Dr. office number) and

_____ (address) and, if necessary, take my

child to the following hospital _____ (hospital of choice).

Current Health status or any health concerns:

Medication(s), if any:

List any allergies and/or intolerances to food, insect bites, stings, or other factors that result in medical reactions:

Any activities your child should not engage in:

Student’s Name: _____ D.O.B.: _____

Emergency Contact Names and Phone Numbers:

Parent Signature: _____ Date: _____