**Trinity of Fairview Preschool**

**2024-2025 Release Form**

**MEDICAL RELEASE**

In case of emergency, I(we) hereby grant permission to Trinity of Fairview Preschool or its representative to administer any medical attention or seek professional medical attention for our child(ren) in the event of an accident, injury, sickness, etc., until such time as I can be contacted.  *If your child has any specific medical instructions (i.e. allergy, asthma, etc.) please be sure that the school has updated information on file*.

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent/Guardian Signature) (Date)

**MEDIA RELEASE**

Trinity of Fairview Preschool often publishes student and parent images in publications, on our website, and through our social media accounts. Do we have your permission to publish pictures and video of your family members in these ways? (As a general policy we do not use entire names of the students in conjunction with their images.

 Yes, Trinity of Fairview Preschool has my permission to publish images and video of my family

 members.

 No, Trinity of Fairview Preschool does not have my permission to publish images and video of my

 family members.

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent/Guardian Signature) (Date)