



Pittsburgh New Church School
Photo Release Form for 2017 – 2018

I, _____, the parent or legal guardian of the minor child or children, _____ (the “child”), grant to the Pittsburgh New Church School (PNCS), including its agents, assigns and those acting with their permission the absolute right and permission:

- to copyright, in their own name or otherwise, photographs, videos, other likenesses, and reproductions in any form (including digital or electronic) of the child or in which the child is included in whole or part, created by or under the auspices of PNCS, and any comments with respect to PNCS made by the child in connection with such photographs, videos, other likenesses, or reproductions (the “Works”);
- to print and publicize the Works in any medium and in any form;
- to use, in connection with the Works, the child’s name or a fictitious name;
- to use the Works throughout the world for promoting the purposes and objectives of PNCS and publicity of and fundraising for PNCS, and
- to use any printed matter in conjunction with the Works, including, without limitation, a description of the services the child has received from any and all programs of PNCS.

By signing this Release:

- I waive, on my behalf and on behalf of the child, any property rights in the Works, including copyright, trademark or other intellectual property rights;
- I waive, on my behalf and on behalf of the child, any right to inspect or approve the finished Works or any material in which the Works are used;
- On my behalf and on behalf of the child, I release, discharge and hold harmless PNCS from any liability for use of the Works contemplated by this Release, including, without limitation, claims for libel, defamation, slander, invasion of privacy, copyright or violation of a right of publicity; and
- I warrant that I have read this document before signing it and am familiar with and understand its contents.

I am the parent or legal guardian of the minor or minors named above. I have the legal right to consent to, and do consent to, the terms and conditions of this photo release. This Release shall be binding upon me, my heirs, legal representatives and assigns.

Signature: _____

Printed Name: _____

Date: _____

Pittsburgh New Church School

Permission for Field Trips 2017 – 2018

During the school year the teachers have many opportunities to take students on field trips and outings. Our policy is to let parents know whenever a trip is planned. Usually the notice of trips will be emailed to parents.

At times, an opportunity comes up quickly for a small group walk to Frick Park, the Frick Museum or a short drive to nearby Mellon Park or another place within a mile or two of the school. When this happens, we like to be able to take brief, informal, spur-of-the-moment, local outings without a special notice to parents ahead of time. We feel this is a reasonable way to work things out and that it will help us make school be as fun and full of learning as possible.

Please let us know if you have any questions or if you request any exceptions concerning this policy.

Check the box below and/or write us a note and return this form by **Wednesday, August 30, 2016**.

- I give my permission for my child(ren) to go on any PNCS field trips and outing during the 2017–2018 school year. I understand that advance notice of field trips will be circulated as much as possible by notes or emails sent to parents.

Comments:

Signature: _____
(Parent or Guardian)

Date: _____



Health Services/Emergency Medical Form

Fall 2017

Student Name _____ Gender _____ DOB _____

Home Address _____ City _____ State _____ Zip _____

Parent/Legal Guardian Information:

Name _____

Call First

Name _____

Relationship to Student _____

Relationship to Student _____

Home Phone _____

Home Phone _____

Mobile Phone _____

Mobile Phone _____

Work Phone _____

Work Phone _____

Primary Email _____

Primary Email _____

Medical History:

Any allergies to food, medication and/or environment _____

Contact Person if parent(s) unavailable:

1) Name _____ Relationship to Student _____

Phones: Home _____ Cell _____ Work _____

2) Name _____ Relationship to Student _____

Phones: Home _____ Cell _____ Work _____

Medical Information:

Student(s) Physician: _____ Phone Number _____

Insurance Company _____ Group and/or ID# _____

In case of emergency, I authorize the school to contact me and to have my child transported to the nearest available and/or appropriate emergency room to be treated by medical personnel.

STUDENT NAME

may have the following OTC medications while at school.

Medication Dosage/Frequency

Tylenol _____

Ibuprofen _____

Benadryl _____

Claritin _____

Naproxin _____

SIGNATURE OF AUTHORIZED PHYSICIAN _____ DATE _____

Name of authorized physician (please print) _____