



### Permission Form

I \_\_\_\_\_ acknowledge that I am the parent/legal guardian and hereby give my permission for the following:

#### Photos

\_\_\_\_ My child's photo may be used for promotional material including but not limited to brochures, newsletters, Newspaper, fliers, Facebook, school website (icslowell.com), etc.

\_\_\_\_ Please do not use my child's name when using my child's picture.

\_\_\_\_ I DO NOT give my permission. Please do not use my child's photo in any publications which are to be shared outside of the school community

#### Hand Sanitizer

\_\_\_\_ I give the Immaculate Conception School permission to use hand sanitizer on my child's hands.

\_\_\_\_ My child may only use the hand sanitizer that I have provided for him/her.

\_\_\_\_ My child may NOT use hand sanitizer.

Student(s) Full Name and Grade: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_