



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 for any photos to be taken of my child.. 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: _____