

Notre Dame Arts Camp

Pick-up – Medical/ Emergency Contact – Media Release Form

Camper's Name: _____

Authorized Persons for Student Pick-up			
	Name	Relationship	Phone number
1			
2			
3			
4			
Medical Information			
A	Allergies		
B	Medications		
C	Emergency Contact	Relationship	Phone Number
1			
2			
3			
Student Photo and Video Consent – Media release			
Yes	No	I/We understand that during camp, students may be involved in a wide variety of activities that may involve photo and/or video recording for the purpose of promoting the school and camp, the Halton Catholic District School Board, and/or Catholic education. This is to confirm that I/We consent to the display, publication and/or sharing of my child's name and/or school-related photos/videos of my child in any of the school's and/or Board's: websites, social media channels, publications, professional learning opportunities, reports, newsletters, and/or with the media for the purpose of promoting the school, Catholic education and/or the Halton Catholic District School Board for the 2023/2024 school year.	
Yes	No		
		This is to confirm that I/We consent to the filing of these photos/videos (print or electronic) in a resource library for possible use in any of the school's and/or Board's: websites, social media channels, publications, professional learning opportunities, reports, newsletters, and/or with the media for the purpose of promoting the school, Catholic education and/or the Halton Catholic District School Board for the 2023/2024 school year.	
Parent/Guardian Printed Name			
Parent/Guardian Signature			
Date			

I _____, authorize the above information to be true and accurate at the time of signing.

Parent/ Guardian Signature: _____ Date: _____