





The following release forms are contained in this document:

1. School Photograph/Video/Film/Website/Internet Release Form
2. General Terms of Parental Consent Form
3. School Counseling Release Form
4. Consent to on-site Lice Check
5. Children with Disabilities Release Form

Please read each form below and initial in the spaces provided to indicate your acceptance of the terms of the release. You will write your child's name and your signature *one time only* at the end of this document.

**1. Saint Hilary School Photograph/Video/Film/Website/Internet Release Form**

I hereby authorize my child to participate in the making of a project consisting of photographs and/or video/film production and/or internet/website titled "Saint Hilary School" on or about the 2010-2011 school year. I specifically understand that Saint Hilary School shall hereby retain any and all rights in the photograph/s and/or video/film production and/or internet/website, including, but not limited to, the right to reproduce, copy, edit, exhibit, publish, or distribute such photograph/s and/or video/film and/or internet.

**Initials of  
Parent/Guardian: \_\_\_\_\_**

**2. General Terms of Parental Consent: Required for All Students**  
(taken verbatim from Archdiocesan-provided release form. The following refers back to the Medical Release and Consent to Treatment form, included separately in these pages)

Confidential Medical or Educational Information as set forth in this form will be gathered, used and disseminated only by the persons and only for the purposes set forth herein, or as otherwise allowed by law.

This authorization is effective only for the school year listed above, and will expire on June 15, 2011. It may be revoked at any time by a writing signed by the parents. However, if revoked, the school reserves the right to suspend or terminate the attendance of the child at the school.

I agree to and consent to the actions set forth herein and hereby grant authorization of the school to obtain and use medical information and records by the persons, for the purposes, and during the time set forth above.

I understand that I have a right to receive a true copy of this authorization. By my signature, I acknowledge that a true copy of this authorization has been received by me.

**Note: Consent Required for All Students --Initials of**  
**Parent/Guardian: \_\_\_\_\_**

**3. School Counseling Release Form**

**This release is optional. No psychological testing or counseling other than ordinary educational programs and procedures will be provided to any student unless a parent/guardian has first given consent.**

Psychological and Educational Information: I understand that counseling services offered through the School, if any, are primarily short-term, temporary services aimed at the more effective education and socialization of my child within the school community, and to provide the means for teachers and the School Administration to serve my child and the school community more

effectively. These services may involve the individual participation of my child, or the participation of my child in conjunction with family, teacher/s and/or the School Administration. I understand that these services are not intended as a substitute for emergency psychological intervention, nor do they take the place of permanent, long-term, or comprehensive psychological counseling, therapy or medication, which are not the responsibility of the School. I acknowledge that it is my sole responsibility to determine whether

additional or different services are necessary, and whether to seek them for my child. I hereby give my consent for my child to receive counseling services through the School on these terms.

Because these School Counseling Services are primarily intended to serve my child as a member of the school community, in addition to circumstances otherwise allowed or required by law I authorize the counselor, in his or her discretion, to share any information, diagnosis or recommendation derived from these services, and only such information, with me or another parent or legal guardian of my child, my child's teacher/s, the school principal or other school administrators. Such information will be used only for the purposes of facilitating the education or socialization of my child or of the school community.

**Parent/Guardian:** \_\_\_\_\_

**Initials of**

#### **4. Consent for on-site Lice Check:**

I give permission for a trained school volunteer to do a preliminary check of my student for lice at anytime the school administration decides. I acknowledge that this is a preliminary "dry check" for referral purposes only.

**Initials of  
Parent/Guardian:** \_\_\_\_\_

#### **5. Children with Disabilities Release Form**

**The School is not able to accept students with disabilities unless this release is given.**

**(Note: This release is only applicable to parents who have a child with a disability.)**

I understand that the school is not legally obligated to accept children with disabilities nor does it have the same level of funding for personnel, equipment, and other resources that may be available to private and/or government-supported institutions to care for individuals with disabilities. I understand and agree that the School will try, but in fact may fail in its attempt, to adhere to the special needs and circumstances pertaining to my child, and I specifically agree to assume the risk that the school may fail in its attempts to provide proper supervision and/or to prevent classroom/playground bumps, falls, and other incidental contact and/or any related cuts, scrapes, or other things. I also understand that any special accommodations or programs that may be made for my child or other children may be discontinued in the discretion of the School Administration.

If I have indicated that my child has a disability, in consideration of my child's enrollment in the school I authorize the school to perform whatever tasks and to impose whatever conditions the school deems in the best interests and safety of my child, including limitations on activities, or provision of special activities or supervision, and I authorize the school personnel and administration to gather, use and disseminate to other school personnel information concerning my child's disability as is reasonably necessary to further the education of my child and the efficient operation of the school community.

I hereby release and discharge The Roman Catholic Archbishop of San Francisco, a Corporation Sole (Archdiocese) and its constituent organizations, including but not limited to the School, and their officers, agents and employees from any and all claims for personal injuries and property damage that I or my child may suffer while my child is enrolled at the school which arise out of or relate to my child's physical condition and the school's oversight of that condition, whether or not such injuries or damage are caused by the negligence (whether active or passive) of Archdiocese, excepting only such injuries or damage resulting from Archdiocese's willful misconduct.

**Initials of Parent/Guardian:**

\_\_\_\_\_

**My signature below and my initials above indicate my acceptance of the terms of each release form. If my initials do not appear at the end of each release form, I have chosen to “opt out” of that specific release form.**

Print Child's Name: \_\_\_\_\_ Grade:

\_\_\_\_\_

Print Parent's Name: \_\_\_\_\_

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

\_\_\_\_\_