

St Ignatius Parish & School
Permission Form

Website Photo and Video permission of an Adult and/or a Minor

I hereby give St. Ignatius Parish and School permission to use:

_____ a photograph/Video of MYSELF, AN ADULT, and/or

_____ a photograph/Video of the MINOR(s)-person under the age of 18-listed below
On the St. Ignatius Parish and/or School website/bulletin. I understand that there will
be no identifying information (e.g., name, age, etc.) about the minor on the website/
bulletin.

This permission will be in effect unless revoked by written notice to St. Ignatius Parish,
3400 SE 43rd Ave, Portland, OR 97206. Thank you!

For Use of an ADULT(s) photo/video:

Adult's printed name: _____

Signature: _____ Date: _____

Adult's printed name: _____

Signature: _____ Date: _____

For Use of a MINOR(s) photo/video:

Guardian/parents printed name: _____

Signature: _____ Date: _____

Name of Minor(s):

TO HELP US SERVE YOUR NEEDS BETTER PLEASE ANSWER THE FOLLOWING QUESTIONS. (REMEMBER THIS IS CONFIDENTIAL) ARE YOU A REGISTERED PARISONER OF ST. IGNATIUS? YES ___ NO ___ AS A FAMILY DO YOU REGULARLY ATTEND MASS YES ___ NO ___ PLEASE CHECK WHICH MASS YOU WILL ATTEND MOST. SAT 5:00 PM ___ SUN 8:00 AM ___ 10:30 AM ___ 7:30 PM ___

THE FOLLOWING INFORMATION NEEDS TO BE COMPLETED FOR EACH CHILD.

Please note any injuries, recent surgery, prolonged illness, current medication, corrective lenses or special health problems that would help emergency personnel care for your child or which may require special attention.

CHILD'S NAME	DATE OF LAST TETANUS, IMMUNIZATION OR BOOSER	ALLERGIES (FOOD, DRUGS, INSECTS, ETC)	PRESENTLY ON MEDICATIONS? YES/NO	IF SO, STATE NAME, DOSAGE, REASON FOR DRUG & PRESCRIPTION PHYSICIAN

In case of illness, accident or emergency to the student(s) named above, the Archdiocese of Portland and its representatives are authorized to proceed as indicated below. Thoroughly complete the following information and number each item 1,2,3, etc.... In the order of desired action you wish us to take.

- ___ Contact: _____ Phone Number: _____
- ___ Contact: _____ Phone Number: _____
- ___ Contact: _____ Phone Number: _____
- ___ Contact family physician (if possible): _____ Phone Number: _____
- ___ Take student to nearest emergency: _____ Phone Number: _____
- ___ Other: _____ Phone Number: _____
- Name of Medical Insurance company _____ Phone Number: _____
- Insured Name and Group or ID Numbers _____

I authorize the Archdiocese of Portland and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation. I also hereby authorize the use of any pictures taken of my child/ren participating in parish activities in St. Ignatius of Loyola parish publications (i.e. faith formation programs, parish bulletin, newsletter, Jesuit publications).

Parent/Guardian Signature: _____ Date: _____

For office use only

DATE RECEIVED: _____	DATE ENTERED: _____
ENTERED BY: _____	PARISH REGISTRATION #: _____
NOT REGISTERED: _____	COMMENTS: _____