



PLEASE COMPLETE BOTH SIDES



HEALTH FORM 2017-2018 PLEASE RETURN FORMS AS SOON AS POSSIBLE

1. Student Name _____

Note any medical and/or physical concerns we should be aware of:

Medications currently taking: _____

List any allergies _____

2. Student Name _____

Note any medical and/or physical concerns we should be aware of:

Medications currently taking: _____

Please list any allergies _____

Consent for Emergency Medical Treatment

Sign either part A or B:

A. We, the parents of _____ {Student's Name(s)}, give permission for emergency medical treatment of our child(ren) for illness or accident if we cannot be contacted. We assume responsibility for payment of treatment.

Emergency Phone: Parent or Guardian _____ Phone _____

Alternate Emergency Contact: Name _____ Phone _____

Relationship _____

Medical Doctor _____ Phone _____

Dentist _____ Phone _____

Hospital Preferred _____

Health Insurance _____ Policy Number _____

Parent/Guardian Signature _____ Date _____

B. I DO NOT give my permission for emergency medical treatment for my child.

Parent/Guardian Signature _____ Date _____



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FIELD TRIP PERMISSION & PHOTO RELEASE FORM

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Child(ren)'s Name(s) _____

General Field Trip Permission Form

I, _____ (Parent's Name) hereby give permission for my teen(s) listed above to go on trips and outings as they come up during the school year. If I am unable to send in the permission form given out immediately prior to the outing, I understand that this form will be used instead as the permission form. I understand that this form will be in effect during my child's years at Mercanz unless revoked by written request.

Parent's Signature _____ Date _____

Permission to Use Photographs, Audio & Video

Authorization, Release and Waiver

Throughout the school year we take photographs and video of our students engaged in various activities and/or interviews while at Mercanz. For Legal reasons, we need your permission to use these video, photographic images and audio on our school webpage, in promotional materials for the school and in videos that we or our students create for public viewing. I understand that this form will remain in effect unless revoked by written report.

I authorize Mercanz, for my children listed above, to:

- Make and copyright photographic, audio and/or video recordings of my child
- Use the recordings or photos as production elements in subsequent media projects
- Use, reproduce, modify and disseminate such recordings and projects

- ____ (initial) You may use my child(ren)'s first name in promotional materials for Mercanz
- ____ (initial) You may use my child(ren)'s first name within videos with their image
- ____ (initial) You may use my child(ren)'s full name in the credits of videos (not attached with their image)

I release Mercanz from any liability for errors of omission or commission caused by image or sound editing, human error or other means. I waive the right to inspect or approve the finished projects. Mercanz shall own the right, title and interest, including any copyright (s) to be used at Mercanz's discretion. It is also understood that any such materials (video, film, audio, and any other media) will be used with the highest integrity and discretion, with the intent to communicate responsibly and ethically the subject matter contained therein.

Yes, I DO hereby grant Mercanz the right to use my Child(ren)'s (names listed above) photographic image, video and audio for the purpose of program promotion, screenings, festivals, broadcast, media education workshops and distribution of the video projects.

Parent/Guardian Signature _____ Parent/ Guardian Print Name _____ Date _____

No, I DO NOT give my consent for Mercanz to use photographs, video and audio of my children listed above.

Parent/Guardian Signature _____ Parent/ Guardian Print Name _____ Date _____