

**St. Aidan's Episcopal Day School  
General Permissions Form**

With respect to my child \_\_\_\_\_, I hereby give St. Aidan's Day School permission to: (please write yes or no for each)

- \_\_\_\_\_ 1. Post allergy or health information related to my child (where appropriate).
- \_\_\_\_\_ 2. Discuss my child with his or her caregiver or another adult dropping off or picking up my child.
- \_\_\_\_\_ 3. Photograph/videotape my child during St. Aidan's Day School activities, and share such images (without identification by name) with the School, Church, and local newspapers, possibly including the St. Aidan's website or email.
- \_\_\_\_\_ 4. Take my child on field trips with his or her class. I understand I will be notified in advance of the date and destination of any field trip.
- \_\_\_\_\_ 5. Publish my family's address, telephone number, and e-mail address in the school directory, which will be distributed to all St. Aidan's families and staff members. I expressly agree not to use any family's personal information for the purpose of commercial gain, or to forward such information to persons outside of St. Aidan's Day School without the addressee's permission.

Please provide clarification for any "No" answers. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent Name (print)

\_\_\_\_\_  
Signature and Date