



THE MONARCH SCHOOL
AND INSTITUTE

Student's Name: _____

Promotional Material Permission

UNDERSTANDINGS

From time to time, The Monarch School or representatives of the local media may want to write about, photograph, videotape or audiotape Monarch students. This is most often done to highlight the achievements of our school and our students or to provide general information about school programs or issues. The articles, photos or videos may appear in our publications, website or on the local news and print media.

I understand that any promotional materials created and produced by The Monarch School are owned exclusively by The Monarch School, and that I have no ownership or other property interest therein.

I agree that the Monarch School has sole discretion to determine whether my child's first name (if names are used, we typically use only the first name of the student), photograph or video shall be used by the school in promotional or publicity matters, or otherwise published by the school in its ongoing operations.

I understand that once any promotional or publicity materials are received or reported by the media, The Monarch School has no control over, or liability of any kind for the media's use or publication of such materials. I hereby release the Monarch School for any claims arising out of the media's use or publication of such materials.

PERMISSION

Please check only one of the following:

I grant permission to The Monarch School to use photographs, video images and audio recordings of my child in promotional materials and publicity.

OR

I decline permission to The Monarch School to use photographs, video images or audio recordings of my child in promotional materials or publicity.

SIGNATURES

Parent/Guardian Name (Print): _____ **Name of Student:** _____

Parent/Guardian Signature: _____ **Date:** _____



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Equipment, Transportation and Walking Permission

REQUEST AND PERMISSION

By signing this form, I _____ certify that I request and give
Parent or Guardian

permission for _____
Student's Name Student's Birth Date

By signing this form I certify that I request and give permission for my student to be transported to any Monarch School program or to walk between program facilities. I understand that transportation is by The Monarch School in the school's insured vehicles.

I give permission for my student to leave the premises of the school on foot under the supervision of the faculty for neighborhood walks.

I give permission for my student to use all learning and recreational materials and indoor and outdoor equipment connected with the daily program.

I have given the instructions above, and I release and save harmless the school and any and all of its employees from any and all liability for any and all harm arising to my son/daughter as a result of this transportation, and waive any claims against them.

I give permission for _____ to be transported by ambulance and/or to be treated
Student's Name
in the event of a medical emergency.

EMERGENCY INFORMATION

Parent/Guardian Name _____ Phone _____ Medical Insurance Carrier _____

Doctor's name _____ Phone _____ Insurance Policy Number _____

Preferred Hospital _____ Hospital Phone _____

SIGNATURES

Parent Signature _____

Legally Authorized Representative* Signature _____

(if the student has a court appointed guardian or conservator, or an agent under a power of attorney or under Chapter 34 of the Texas Family Code)

Student Signature _____

(if student is over the age of 18 and no Legally Authorized Representative is signing on their behalf)



MONARCH SCHOOL

Emergency & Directory Information and Medical Authorization

INFORMATION

IMPORTANT - Emergency Alerts will be sent to the phone numbers listed here.

If information changes it is your responsibility to update by sending a new form to the school.

The Family Directory is only available to other parents and faculty through the Monarch website.

It is username and password protected.

Your information will **NOT** be listed in the Directory if you initial in the box before that space.

Student's Name: _____ Date of Birth: ____/____/____

Home Address: _____ City: _____ State: _____ Zip: _____

Mother's/Guardian's Name: _____ Home Ph: _____

Email: _____ Cell Ph: _____

Employer: _____ Work Ph: _____

Father's/Guardian's Name: _____ Home Ph: _____

Email: _____ Cell Ph: _____

Employer: _____ Work Ph: _____

Other Parent/Guardian Name: _____ Preferred Ph: _____

MEDICAL INSURANCE INFORMATION

Medical Insurance Carrier: _____ Policy Number: _____

Doctor: _____ Doctor's Phone: _____ Preferred Hospital: _____

Hospital Phone: _____ Allergies: _____

EMERGENCY CONTACTS

In the event of an emergency, if a parent cannot be reached please contact one of the following:

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

These individuals are authorized to pick up my student:

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

Are there any particular persons who absolutely may not pick up your student? Yes No

If so: Name: _____ Reason: _____

PERMISSION

I give permission for _____ to be transported by ambulance and/or be treated in the event of a medical emergency.
Student's Name

SIGNATURES

Parent Signature _____ **Date** _____

Legally Authorized Representative* Signature _____

(if the student has a court appointed guardian or conservator, or an agent under a power of attorney or under Chapter 34 of the Texas Family Code)

Student Signature _____

(if student is over the age of 18 and no Legally Authorized Representative is signing on their behalf)