



Photo Permission Form

As a parent or guardian of this student, I hereby consent to the use of photographs taken during the camp for publicity, promotional and/or educational purposes (including publications, the News-Miner, or the school's webpage and Facebook page). I do this with full knowledge and consent and wave all claims for compensation for use, or damages.

_____ YES, I give Catholic Schools of Fairbanks to photograph my child for school purposes and/or at school events.

_____ NO, I do not authorize Catholic Schools of Fairbanks to photograph my child for any event.

Parent's Signature _____ Date _____

Parent's Name _____

Child's Name _____



Permission Form: Sunscreen

Student's Name _____

Name of Medication: Sunscreen

Dosage: To be applied as needed for outdoor activities

Start and Stop Dates for Sunscreen: 6/5/2023 - 7/28/2023

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name _____



Permission Form: Bug Spray

Student's Name _____

Name of Medication: Bug Spray

Dosage: To be applied as needed for outdoor activities

Start and Stop Dates for Bug Spray: 6/5/2023 - 7/28/2023

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name _____