



## Permission to Release Form

I, \_\_\_\_\_ (Name), \_\_\_\_\_ (Relationship) of \_\_\_\_\_ (Name of Student) give permission to PHILLIPS School ~ Fairfax for the following actions throughout my child's enrollment:

1. Administration of medication as prescribed by my child's physician. I will not hold the school or its staff responsible for any harm or injury that may be experienced by my child as a result of such medication. I understand that it is my responsibility to furnish my child's medication in its original pharmacy container appropriately labeled by the pharmacy or person with prescriptive authority.
2. Administration of first aid treatment such as taking temperature, non-prescriptive treatment to my child in case of emergency and transportation of my child to a medical center or hospital if necessary. I hereby authorize the medical center or hospital to administer the emergency treatment required.
3. Trips away from PHILLIPS during the school day with staff by bus or car. For students receiving a prevocational program such trips will involve off-campus activities including but not limited to interviews, assessment, training and key events. I will not hold the school or its staff responsible for any harm or injury that may be experienced by my child as a result of such trips.
4. Professional publication, presentation or sharing of data or material involving my child. I understand that the school agrees to use pseudonyms and keep my child's identity anonymous. Such publications and presentations may include written articles, books, video materials and films.
5. Participation in school fundraising activity. I understand that on occasion the school conducts fundraising activity such as a student or gala presentation. I grant my child to participate in this activity.
6. Media permission involving my child. I understand that upon occasion while at school or at a school-sponsored activity, the school has media exposure such as newspaper articles, photography, PHILLIPS website, videotaping and TV spots. I understand that my child's photograph and/or words may be used. I further understand PHILLIPS will ask the media not to use my child's last name.

DATE	SIGNATURE OF PARENT/GUARDIAN