

# EPISCOPAL DAY SCHOOL

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At Holy Trinity Episcopal Day School, we respect each family's right to privacy. Therefore, a child's records, emergency information, photographs and other information about a child or family, as well as information that may identify a child by name or address is confidential will not be copied, posted on a website or disclosed to unauthorized persons without consent from the parent/guardian. For this reason, this form is provided.

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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## Media Coverage Permission

I grant permission for my child's name and/or picture to be used in newspaper, magazine, report, website, television, and/or radio coverage stories concerning school-related activities for the Episcopal Day School.

I understand that my child's name and/or picture will be used primarily for the purpose of public understanding of school-related activities. I further understand, however, that Holy Trinity Episcopal Day School will not have control over how the media prepares and delivers its coverage of school activities.

I agree to hold Holy Trinity Episcopal Day School, Episcopal Day School Board of Directors, and Holy Trinity Episcopal Church of Clemson, South Carolina, employees, members and agents harmless should I have any claim regarding the use of my child's name and/or picture in any type of media coverage.

I am the parent/legal guardian of this child and certify that **I permit media coverage of my child in accordance with the statements above within this "Media Coverage Permission" section.**

I am the parent/legal guardian of this child and **I do NOT permit media coverage of my child in accordance with the statements above within this "Media Coverage Permission" section.**

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

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## Permission to Share Contact Information with Fellow Day School Families

I grant permission for my child's name to be provided with our family's contact information to other parents/guardians who have children currently attending Holy Trinity Episcopal Day School. Contact information shared will include our home telephone number, cellular telephone numbers, and e-mail addresses.

I understand, however, that Holy Trinity Episcopal Day School will not have control over how the other families use or share your contact information.

I agree to hold Holy Trinity Episcopal Day School, Episcopal Day School Board of Directors, and Holy Trinity Episcopal Church of Clemson, South Carolina, employees, members and agents harmless should I have any claim regarding the use of my child's name and/or with our family's contact information.

I am the parent/legal guardian of this child and certify that **I permit sharing of contact information in accordance with the statements above in this "Permission to Share Contact Information with Fellow Day School Families" section.**

I am the parent/legal guardian of this child and **I do NOT permit sharing of contact information in accordance with the statements above in this "Permission to Share Contact Information with Fellow Day School Families" section.**

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date